A Century of Service

ROCHESTER GENERAL HOSPITAL

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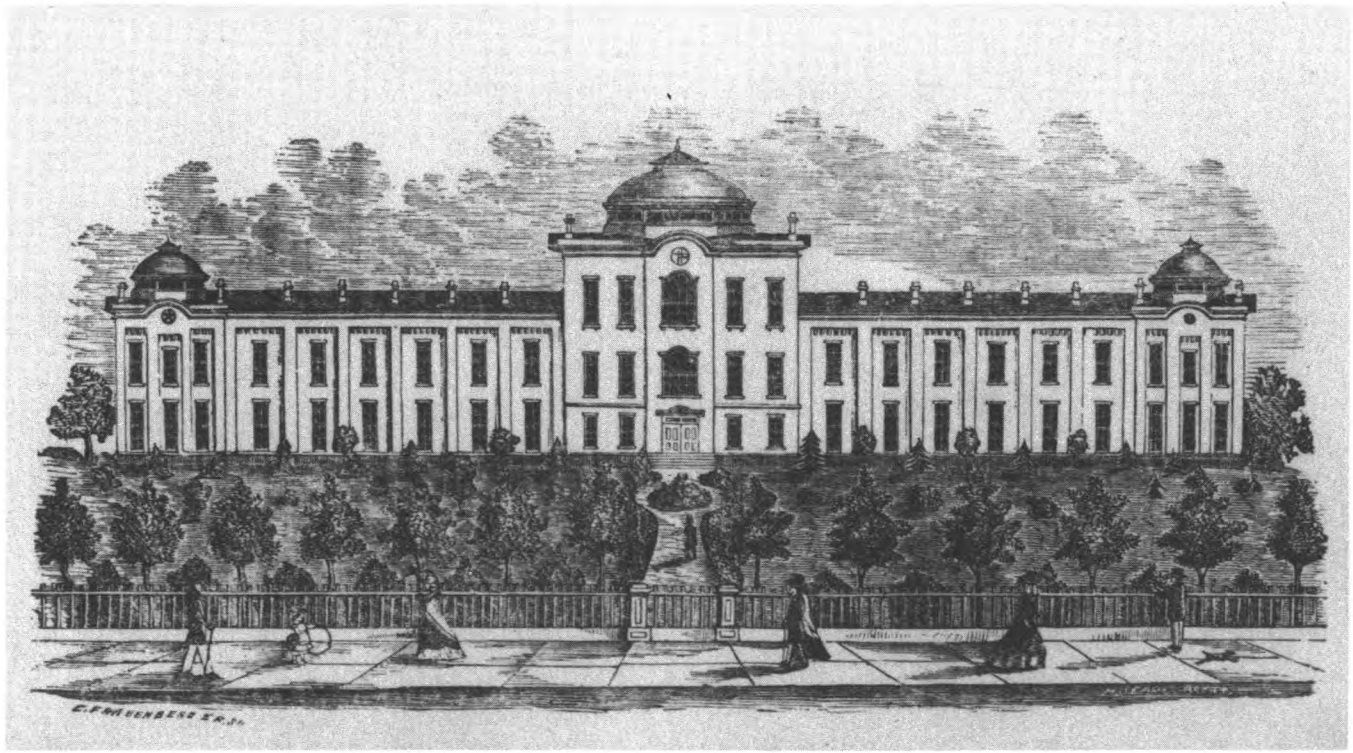

Contemporary woodcut of the Rochester City Hospital as it appeared in the seventies

A Century of Service

Rochester General Hospital

1847-1947

Written for the Hospital in Celebration of its One Hundredth Anniversary

By

VIRGINIA JEFFREY SMITH

Together with Chapters on the

MEDICAL STAFF

By

CHARLES R. WITHERSPOON, M. D.
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This book is dedicated
to all those who have labored that the
ROCHESTER
GENERAL HOSPITAL
may minister to
mankind

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FOREWORD

THIS TAPESTRY, *known as the Rochester General Hospital has been on the loom for one hundred years and how can one, in a single volume, trace the threads that have made its warp or woof, or the thousands of hands which have thrown the shuttle? For of all institutions none is more dependent on the human element than is a great hospital. In the factory of the Gobelins, those who labor, adding thread after thread, red, blue, green, silver, gold, gray, and drab, work on the wrong side of the tapestry and never see the pattern until it is finally unrolled, finished. So have labored for one hundred years those who have made this great institution. None could be as surprised to see it today as those early workers of vision who were responsible for its first fashioning and every one who has added a thread has made his contribution. And how varied those threads! Generous gifts, scientific research, administration, sympathetic care, nursing, teaching, learning, cooking, sewing, scrubbing, stoking, typing, measuring, driving, have all formed part of the pattern. Even the patient has played his part. Tragedy and comedy have been enacted—despair, sorrow, renewed hope, thanksgiving have given color to the whole.*

There is scarcely a life in this great city that has not been touched by the hospital at some time and so it may be of service to trace some of the developments of the past century which have added not only to the length but also to the well-being of the individual life in Rochester.

To know whom, of all these contributors to single out for mention has been the hardest part of the compilation of these pages. Each is important in his or her own field. The limits of our space have made imperative the omission of many of the most outstanding and the author can but beg the forbearance of them and of their descendants.

VIRGINIA JEFFREY SMITH

Rochester, N. Y., January, 1947

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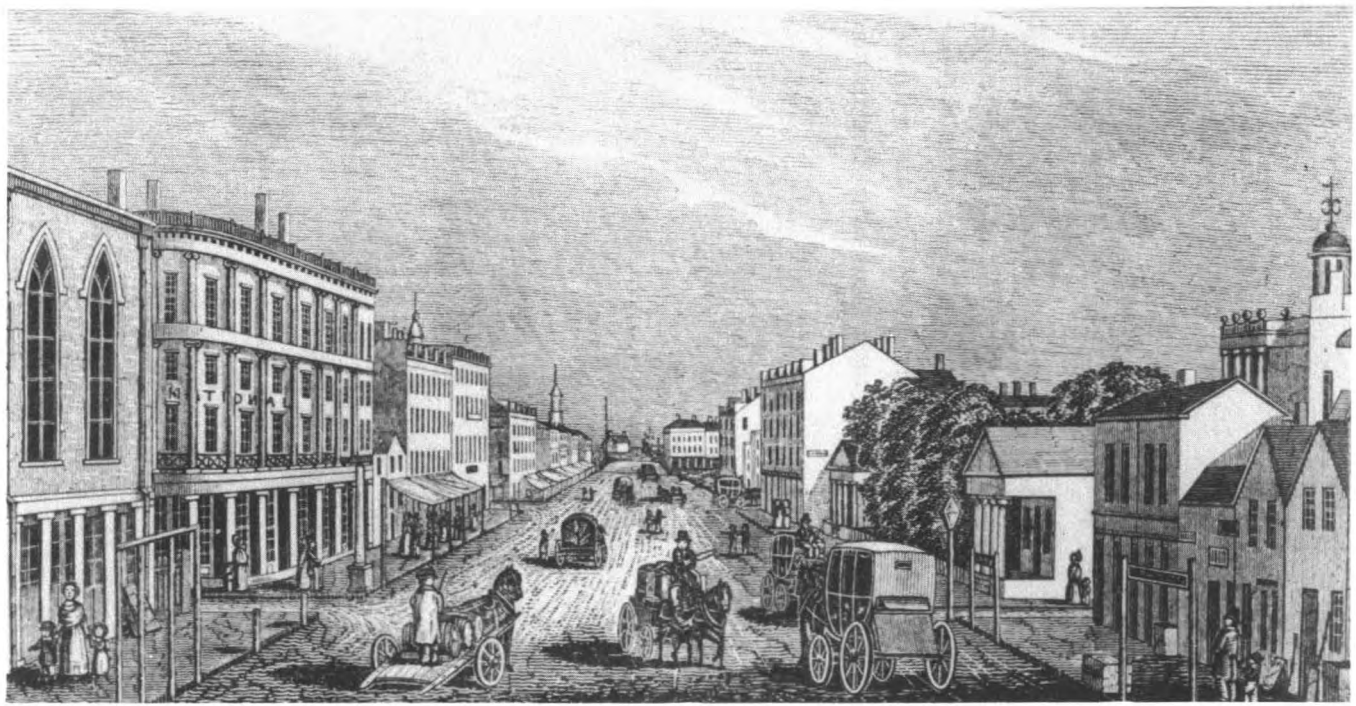


Buffalo Street looking east from Sophia Street (Main Street from Plymouth). On the right are the two little Greek temples, one of which was the office of Dr. John B. Elwood, first President of the Board of Directors, 1847-1864.

ROCHESTER in 1847

IT IS DIFFICULT for us to rid our minds of the many things which we consider essential to living today and picture ourselves in the "city" of thirty thousand which was Rochester in 1847. Civic pride was even then a distinct mark of the Rochesterian and few would admit that Buffalo was driving ahead in the race of western New York.

The settlement on the Genesee consisted of the downtown section centering in the Four Corners with many of the best stores on State Street and Exchange Street; the Third Ward, and various residential neighborhoods sprawling from the center. The actual city limits extended east to Goodman Street, north to the Lower Falls, west to Child Street and south to Clarissa, but there were little but scattered farms and dwellings except near the heart of the community. Buffalo Street extending westward from Elm Street was paved, as was part of St. Paul Street, but all the side streets were dirt, and cattle and pigs were often seen at large. There were fifteen hundred cows in the city and those of each neighborhood were led out to graze by some young lad—Mr. Jones' cow being added to that of Mr. Smith as the herd was augmented in its passage down the street.

The depression of 1837 was almost forgotten in the new prosperity which the Erie Canal had brought. The rich fields of the Valley and of the West poured their grain into the Rochester mills and the town was the flour center of the country. The white camels' back bridges over the canal were in much better repair than the four river bridges whose boards were so rickety that a

horse often broke its leg and pedestrians were known to have dropped through. The streets were lined with trees and hitching posts, and each house stood in its own plot of ground with its vegetable and flower gardens fenced in.

There were slums, however, of a sort, and the tenement was not unknown, for cheap foreign born labor had crowded into the town in the wake of the canal boom. These tenements were to play an important part as hot beds for the three cholera epidemics. A third of the population was foreign born.

The court house stood near its present site, behind green lawns and willow trees, flanked on both sides with small, white wooden Greek temples used as law offices. The First Presbyterian Church was behind it, while St. Luke's was much as it is today.

At night the streets were lighted by flickering whale oil lamps, for kerosene lamps with globes did not come in until later and although a gas company was formed in 1848, it was not until 1860 that gas lamps were installed, thus making Rochester the sixth American city to be so illumined.

There were a few sewers but no map of them was in existence. There was no water system and each relied on his own or his neighbor's well. This made the fire hazard very great and even at that time there were ten volunteer fire companies and fire losses amounted to about $80,000 a year.

Railroads had recently been built through the town and one could reach New York in a day and a night (by rail and boat) instead of the week which had been necessary previously. There were six stage lines still operating but of course the most popular means of transportation, for both passengers and freight, was by canal—the Erie leading east and west, and the Genesee Valley Canal to the south. "There are so many accidents, that the only safe locomotion seems to be by the canal." There was no local transportation except by horse or on Shanks' Mare.

The arrival of the packet boat was occasion for bustling scenes along the water front and travelers from the east stopped overnight at one of the hotels which clustered about the landing stage —The National, the Eagle, the Blossom House, the Mansion

House, and the United States Hotel. Dickens, traveling on one of these packets, said that when he went below at 10 p.m., he found three long tiers of hanging shelves designed apparently for volumes of the small octavo size—"looking with greater attention at these contrivances I discovered on each shelf a sort of microscopic sheet and blanket; then I began dimly to comprehend that the passengers were the library and that they were to be arranged edgewise on these shelves until morning." These packets with frequent changes of horses made fair time and were the aristocrats of Clinton's Ditch—far out-distancing the freight boats drawn by poking mules remembered by many Rochesterians. The second aqueduct was already constructed and considered one of the wonders of the world. Local canal tolls amounted to almost a quarter of a million annually, grain paying one cent a ton per mile, merchandise two cents, and passengers five mills per mile.

In at least one particular Rochester was ahead of the times, for in 1841 under the influence of George Arnold, a public school system had been inaugurated. The town was divided into twelve school districts but there were only seven school buildings, four of which were distinctly poor even for those days. There were 33 private schools, mostly of the Dame School variety, although Miss Seward's Seminary on Alexander Street and Dr. Dewey's "high school" on Chestnut Street were unusual for the period.

Charles Finney, the evangelist, had visited Rochester three times, and religion was undoubtedly the strongest force at work in the community. Some of the churches had to use gallery seats to meet the demand for rentals and there were 2,875 in the Sabbath Schools. An anti-slavery society was in existence and it was this very year that Frederick Douglas came to Rochester and started his "North Star." This was the period of the Millerites who foretold the end of the world and the rappings of the Fox sisters which caused much consternation. The very next year would see a Woman's Rights convention in Rochester.

The Rochester Athenaeum was collecting books assiduously and after merging with the Mechanics' Literary Association had library reading rooms in that pride of the town, the Reynolds

Arcade. Here was the postoffice and here, too, was the first plate glass window which Abelard Reynolds had introduced a few years before and which first suggested the art of window dressing and the diversion of window shopping. The Ladies' Temperance Society was flourishing and the Prison Discipline Society was being formed which was instrumental in having the House of Refuge built a few years later. The Orphan Asylum had moved into its new home on Hubbell Park. This was the year of the founding of the first dailies for the earliest press dispatch by wire had been received the year before, and printed in the "Democrat" the next day. Jonathan Childs had introduced the first coal to Rochester the year before, used only for foundries, and this very year N. T. Rochester brought it in commercially, and the breakage of this coal was even used in houses by the members of the firm.

There were over two hundred retail stores and though flour was pre-eminent, there were forerunners of other industries which were somewhat prophetic. There was a daguerreotype gallery. Shoes were being made in shoe makers "boarding houses" for the custom trade and Henry Churchill and Jesse Hatch had already turned out the first ready-made ones. Clothing was made mostly in the homes of the workers but there were eighteen low wooden shops along the north side of the bridge. The James Cunningham factory was already making carriages. Ellwanger and Barry had started their nursery, which, with others, was eventually to change Rochester from the Flour City to the Flower City.

A responsible clerk could command about five hundred dollars a year; a seamstress was paid thirty-eight cents for a fourteen-hour day; board was a dollar to a dollar and a quarter a week. The store workers were luxuriating in a seven o'clock closing, for they had been successful in doing away with the former nine o'clock closing hour which was "altogether too late to afford us the means to enter into the society of others whose restraining influence would at once refine our manners and purify our hearts."

There was considerable poverty. The poor master reported for one month that he had aided 330 families representing 1,379 individuals, his total expenditure being $985. The health con-

ditions were deplorable. The streets were cleaned in the spring, otherwise, everyone swept in front of his own door. When a cholera epidemic struck as in 1832, cellars, gutters, drains and cess pools were cleaned but when the danger subsided so did the sanitary activity. During the next epidemic a house in the Fifth Ward was taken as a temporary hospital but the neighbors were so vociferous in their objections that they moved to one in the Eighth Ward whereupon the residents there set fire to it. One was finally secured down by the lower gorge. In 1843 the Common Council spent eighty-five dollars on public health, but that was the last item for the purpose until 1848.

There was a high mortality rate, 2.66 per hundred this year, almost half the deaths being under three years old. The old cemetery on Buffalo Street of which we will hear more, had proved inadequate and the Common Council had bought Mt. Hope where already all too many babies were being laid.

Perhaps this all sounds like a very primitive settlement but it harbored a very delightful society. Its big houses were built for large families and boundless hospitality. The Greek revival houses with their fine square rooms and beautiful wood work made fitting settings for a life of stately dignity, and the men and women who lived in them were equal to those in any part of the world — men of culture and education and women of utmost breeding and charm. "Rochester now stands among the first inland cities of the Union," said a proud city father and another echoed, "Verily, this is a progressive era."

CHAP. 233.

AN ACT *to incorporate the Rochester City Hospital.*

Passed May 7, 1847.

The People of the State of New-York, represented in Senate and Assembly, do enact as follows :

§ 1. John B. Elwood, William Pitkin, Isaac Hills, Thomas H. Rochester, Patrick Kearney, Frederick Starr, Ralph Lester, Edward M. Moore, John Williams, Elijah F. Smith and David R. Barton, and such other persons as they shall associate with themselves, as hereinafter provided, are hereby constituted a body corporate, by the name of "The Rochester City Hospital," for the purpose of establishing and maintaining a public hospital in the city of Rochester.

§ 2. The affairs of said corporation shall be managed and conducted by a board of directors comprising all the members of said corporation; and seven directors shall be a quorum for the transaction of business.

§ 3. The board of directors shall have power to appoint from their number, a president, vice-president, treasurer, secrectary, executive committee, and such other officers, as they may from time to time deem necessary, and to fix their terms of office, and prescribe their duties.

§ 4. The persons named in the first section, are hereby declared to be the first board of directors; the board of directors, or a quorum of their number, convened as a board, shall have the power to augment their number, by electing other persons to the office of director, and to fill all vacancies in said office, which may occur by death, resignation or otherwise; but the whole number of directors shall not at any time exceed fifty.

§ 5. The corporation hereby created, may receive, take and hold, as well by devise or bequest as otherwise, any real estate or personal property, for the uses and purposes contemplated by this act, whether the same be devised, bequeathed or conveyed directly to said corporation, or to the board of directors, or to any other person or persons, for the use or benefit of said corporation; provided however, that the annual value of the real estate held by said corporation, shall not exceed ten thousand dollars.

§ 6. The said corporation shall possess the general powers conferred by, and be subject to the provisions and restrictions of the third title of the eighteenth chapter of the first part of the Revised Statutes.

§ 7. It shall be the duty of the board of directors to make an annual report to the legislature, on or before the first day of February in each year, showing the number of patients received into said institution, during the year previous, to the first day of the preceding January, distinguishing indigent from paying patients, the nature of their several diseases, the length of their respective residence in the hospital, and the results of their treatment; the nature and value of the property of the corporation, its resources and pecuniary condition, together with all such other particulars as may be necessary to exhibit the condition and operation of the hospital.

Articles of Incorporation of the Rochester City Hospital, May 7, 1847

Rochester Female Charitable Society

and Founding of the Hospital

WE HAVE SEEN that the little city was awake to some of the problems which confronted it but the strongest evidence of the stirring of a social conscience was a gathering of the leading ladies of the community in the year 1822 in the home of Mrs. Everard Peck on Fitzhugh Street when the Rochester Female Charitable Society, mother of Rochester philanthropies, was born, with Mrs. Levi Ward as president and Mrs. Peck as treasurer. The purpose of the society was to "relieve indigent persons and families in cases of sickness and to establish a charity school." This was the era of a "bowl of soup" charity when each ministered to his neighbor and the "gift without the giver" was considered "bare" indeed. Their gifts may not have levelled nor even aimed at a levelling of social and economic inequalities but the understanding and kindly sympathy which accompanied them must have gone a long way toward removing the rancor and resentment which "being done good" was to arouse in later years. Charity, in those days, had not wandered far from its Biblical meaning and had not taken on the connotations which today ban its use in a modern stream-lined institution.

It will be remembered that there were no public schools until the forties and all had to attend private institutions of some sort. So these good ladies (the term was used as a matter of course in its true signifiance then) opened a little free school, first in a room lent them and later, on a lot given them by Col. Fitzhugh "on the edge of the forest" on North Washington

Street. It was taught by volunteer teachers "unencumbered by domestic duties," taking turns, a week at a time. The curriculum consisted chiefly of the three R's, New Testament and sewing.

The society helped both financially and personally with the Home of the Friendless (now the Friendly Home) which was already in existence, and was instrumental in getting the city fathers to build a workhouse. They were also custodians of Mr. Aaron Erickson's gift to the poor of 100 barrels of flour and of Mr. Brackett Clark's gift of wood for the same purpose.

Their chief work, however, was the personal visiting of the sick. The city was divided into fourteen districts and each member was responsible for making visits in her district and reporting on them. This may have been the beginning of district visiting in the United States for some time later the idea was adopted in New York City and the Rochester society is one of the four or five oldest in the country. Their minutes show a resolution: "that we will pursue our course as usual, noiselessly, economically and consistently, visiting even the lowest and most sunken places of our city where disease is most often rife, and inspiring new life in sinking patients by supplies from our stores; and also that we will continue our unremitting exertions to furnish a suitable place for our homeless sick." Dues were $.25 a year (but remember that was the price of a sheet at that time) and each member pledged herself to solicit money and goods, the clothing and bedding being lent rather than given to the poor, and the visitor responsible for their return, a provision which led to many difficulties. The society was partly financed by an annual sermon and collection, at first held in a union service and later, simultaneously in all churches, each minister trying to preach his alms basin fuller than that of his rival.

In their visitation, the need of adequate sick-care was constantly brought home to them and they decided to draw up a memorial to the city fathers urging the duties of the city physician with special reference to the sick poor. Here we see an early evidence of the fact that they had the bravery of the lion, the spirit of the dove, and the subtlety of the serpent, for they decided

MR. GEORGE H. MUMFORD
President Board of Directors, 1865-1871

MRS. MALTBY STRONG
First President Lady Managers, 1864-1889

that it was "difficult to prepare a document that shall contain the necessary facts without expressing more than might be prudent to write," so they achieved their ends by more roundabout means. If they managed the male members of their families the way they did the city officials, we wonder why they ever thought they needed women's rights.

In 1845 they formed among themselves a hospital committee and began the movement which, with "aggressiveness combined with tact" culminated in the Rochester City Hospital. As a temporary expedient they had the indigent sick cared for in the Home of the Friendless and even persuaded the Common Council to grant them $200 for the purpose. This being impractical, they tried renting rooms or a small house, which they furnished at a cost of $27 but all these makeshifts proved "not altogether satisfactory."

Their attempts to arouse public opinion finally bore fruit and May 7, 1847, a group of men secured incorporation for the Rochester City Hospital, the incorporators being John B. Elwood, (the first President), William Pitkin, Isaac Hills, Thomas H. Rochester, Patrick Kearney, Frederick Starr, Ralph Lester,

Edward Moore, John Williams, Elijah Smith and David Barton, and the following were added immediately to form the first Board of Directors: John H. Thompson, Levi A. Ward, Aristarchus Champion, Everard Peck, James Webster, William Brewster, Harvey Montgomery, Jonathan Child, Alexander Kelsey, Jared Newell, Jacob Gould and Frederick Backus. The name City Hospital was a misnomer from the first for it was not a municipal project nor was it ever supported by the city, and its use gave the administration many a headache and necessitated many an explanation. That they had neither plans, site nor money, served but as a stimulus to the efforts of their wives.

In 1851 the Female Charitable Society petitioned the Common Council to give the Western Cemetery lot on Buffalo Street, now replaced by Mt. Hope, to the incorporators as the site of a hospital. This cemetery, in the outskirts of the village had been acquired in 1821 by exchange of lots number 103 and 104 of the original "Hundred Acre Tract" given the village by Messrs. Rochester, Carroll and Fitzhugh for a burial ground. It was appropriated by resolution of the village trustees the same year and was divided into 579 lots of which most were sold or leased and many were used and monuments erected. Upon petition of the ladies and application by the Directors, the records show that the committee of three aldermen made the following report: "It is now, as you are aware, in a sad condition. The fence is down and the monuments are defaced and being destroyed and the cattle and pigs are feeding on the graves and destroying the shrubbery . . . the object sought to be accomplished by the Directors of the Hospital is of such vast importance to the community that your committee would recommend that the prayer of the petition of the Directors be granted provided that they will undertake to fence and take care of the cemetery until they obtain releases from the owners of the lots to remove the monuments and the remains of the dead."

The next step of the Directors was to apply for state aid, which, however, was denied them at this time, and to try to acquire releases from the owners of the lots. Time dragged on

HENRY W. DEAN, M. D.
Senior Physician, 1863-1871

HARVEY F. MONTGOMERY, M. D.
Senior Surgeon, 1863-1884

and realizing the impossibility of acquiring title in any other way, application was made to the state legislature and they acquired free title to the ground in 1857, by action of that body.

In the meantime, we can be quite sure that the ladies had not been idle. Under gentle prodding, on condition that a fence be erected and that the hospital "shall at all times be open for treatment and admission of the poor of the city in sickness," the Common Council finally gave $7,000 remaining from the almshouse fund, on condition that $5,000 be raised to match it within a year. It seemed a colossal sum in those days but the women were undaunted. Mrs. General Gould (that was the correct form in those days though it may sound Teutonic today) gave a hundred pound cheese. Jenny Lind gave two great concerts in the newly erected Corinthian Hall in 1851 and graciously donated her profits to city philanthropies, the Female Charitable Society share amounting to $800. The proceeds of a "moral lecture" by P. T. Barnum joined the fund. No money considered "tainted" by the good ladies was accepted, for when some time previously a theater benefit for the Society had been offered, the following action had been taken: "It being the unanimous opinion of the

Board that the theater has a demoralizing effect on the morals and principles of this community, and not wishing even indirectly to patronize this institution, we, therefore, resolve to decline the proposed benefit and would respectfully notify our friends that an opportunity will be given to contribute in aid of its funds at the Annual Sermon."

At the meeting at which they undertook the raising of the $5,000, one of the younger members said she was going to stop the first man she met and ask him to contribute. What was her dismay, on coming out to meet one of the crustiest citizens of the town, notorious for his close-fistedness. Tremulously she approached him and told him of her promise and he led her to a nearby store and wrote a check for $100. Undoubtedly the campaign was stimulated by the third outbreak of cholera in 1849 which found the community entirely unprepared and which took a very heavy toll of lives. The campaign continued for a "building which would be an ornament to the city and supply a deficiency which had so long existed in our public institutions." Finally they raised almost $6,000 and added to it a legacy of $500 from the estate of Everard Peck and $700, the proceeds of the sale of the charity school lot, thus acquiring for themselves the first free bed in the hospital to be theirs in perpetuity.

On September 15, 1859, the Directors met at the Western Cemetery grounds and "upon a view of the premises, it was resolved that the principal edifice be erected at equal distances from the east and west lines and the front of the edifice be placed 300 feet southerly from Buffalo Street, and that the committee clear the lot of trees as far as they think proper."

In 1860 plans were approved, a contract signed with Messrs. Searle & Son, and the building started, a square construction, four stories high and covering an area 50′x60′. These were the architects who had built Corinthian Hall, the Rochester Savings Bank, and the Canandaigua Court House. In 1862 it was completed at a cost of $14,277.90, but by that time they had reached the bottom of the till, owed the Rochester Savings Bank $4,000 and not a cent was left for furnishings or opening, so they had to

turn the key in the lock. In the same year a movement was on foot in the Common Council to claim a forfeiture of the whole deed because the fence had not been erected as promised. Fortunately the city declined to "take advantage of a technicality."

In the meantime, the war had touched the hearts of all and the thought of caring for wounded veterans loosened purse strings. In 1863 the Board of Directors asked the Female Charitable Society to appoint a committee to confer with them and devise plans for the furnishing of the hospital. To this committee was entrusted the entire management of the hospital except the Medical Department. The Collegiate Institute came forward with a gift of $1,000 and thus encouraged, the Society appointed "Executive and Visiting Committees to undertake the duty of the general charge and labor of furnishing the building and having the general superintendence of the conduct of the institution while providing for patients and also aiding in obtaining funds to pay current expenses, on condition they assume no pecuniary responsibility." These Executive and Visiting Committees were comprised of Mrs. Maltby Strong, president; Mrs. George H. Mumford; Mrs. W. H. Perkins, treasurer; Mrs. Oscar Craig, Mrs. F. Starr, Mrs. N. T. Rochester, Mrs. Levi Ward, Mrs. M. M. Mathews, Mrs. Azariah Boody, Mrs. John Elwood, Mrs. Amon Bronson, Mrs. Isaac Butts, Mrs. W. W. Carr, Mrs. E. M. Smith, Mrs. C. F. Smith and Mrs. M. Rochester. This accounts for the fact that for many, many years the annual reports were directed to the Female Charitable Society. Many of these women labored for the hospital until their deaths, in certain cases forty or forty-five years hence. We salute the wisdom of those first directors who transferred so many of their own powers to so able a body. But if you will compare the two lists you will see that they had good reason to feel that they had put the hospital into the best of hands. In January, 1864, we find in the minutes of the Board of Directors "since the funds in the hands of the treasurer are inadequate to suitably furnish the building and prepare it for a fully equipped hospital, it is proposed to raise a further subscription of $3,000 through the efforts of the ladies." (!) However, in May of the same

year they set out with a subscription list to raise $15,000 for the erection of the east wing.

St. Mary's Hospital opened its doors in the autumn of 1857 and began its long and fine career of community service under Mother Hieronymo, beloved by Catholics and Protestants alike.

The committee immediately set out to raise $5,000 and to get churches and individuals to furnish wards and rooms. Their ambitions knew no bounds and the faith they had in the cause was well justified. In December, 1862, the Ladies' Hospital Relief Association held a Christmas festival in Corinthian Hall, lasting two days and netting $760, the largest sum ever raised by such means in the little city. Efforts at canvassing the town, however, were none too successful and by September of the following year the total amount in the treasury was one cent.

Action was imperative and it was decided to have a bazaar patterned on one Buffalo had had some time before. "Adverse counsels," we well believe, "were urged upon from without," however, the committee determining that "what man has done, man can do" went serenely on with its plans. And such plans! "The pronoun 'we' began to assume a wider signification than the limits of any committee or association, extending to include the citizens of Rochester and vicinity." (How prophetic of the Donations throughout the year.) Catholic, Protestant and Hebrew worked together as they have ever since for the hospital. It was enough for all that it was for our soldiers. The dates were December 14th to 22nd, 1863, in Corinthian Hall. Long before the opening hour "two good acres of people who strove for a first view" had gathered outside and they soon occupied every foot of the hall. It was attended by 10,000 people, some coming from as far as Buffalo and Albany. It was a "brilliant success under whatever aspect we view it, pride, pleasure or pay." The street cars (horse drawn, of course) ran until eleven o'clock to accommodate the crowds. Dinner and supper were each a dollar—the chief attractions being the "young ladies who wait on the tables in their red skirts, white aprons, and garabaldis and blue peasant waists." These red skirts were of flannel, to be made into shirts for the

soldiers, and consisted of two shirt bodies tacked together. The booths represented the nations, with the American across the end, over which was the gallery for the band. In the rooms of the Rochester Athenaeum and Mechanics' Association in the Reynolds' Arcade was a real art gallery of paintings as well as ten large stereoscopes, which may very well have given Mr. Daniel Powers the idea for his future collection, for "as the time drew near for its close, there was a general expression on the lip and in the heart of everyone, that it might be permanent." The crowds were so great that the bazaar had to be continued into a second week and the grand total of final profits was $10,228, a stupendous sum for the year 1863.

No wonder that furnishing went forward rapidly, that the dedication took place January 29, 1864, with an address by George Mumford, and the first patient (Maggie O'Brien suffering from tape-worm, the records tell us) was admitted February 1st.

The Directors appointed Dr. Henry W. Dean as head physician and Dr. Harvey Montgomery as chief surgeon. Dr. Charles E. Rider was resident physician. And so the venture started.

ROCHESTER CITY HOSPITAL.

The Ladies Committee will be in attendance during the Day and Evening of

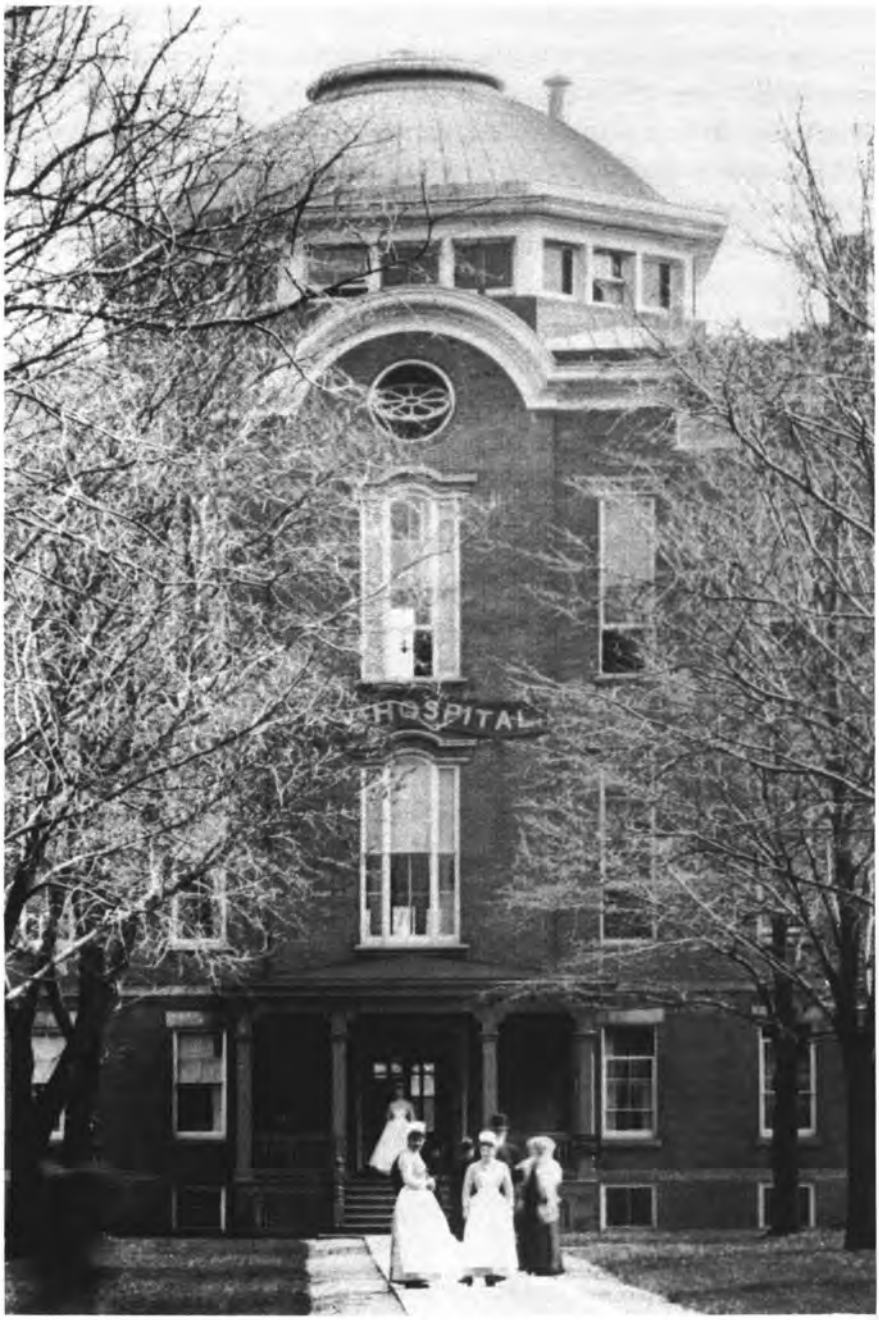
THURSDAY, JANUARY, 28TH, 1864,

AND WILL BE HAPPY TO SEE YOU

AT THE OPENING OF THIS INSTITUTION.

EXERCISES APPROPRIATE TO THE OCCASION AT 12 O'CLOCK.

The invitation issued in connection with the original opening of the hospital



Facade of the original main building of 1864

Managing on a Shoestring

WHEN the hospital was opened Mr. John M. Sly was superintendent and his wife was matron, and she and Miss Frances Hebbard did all the nursing, assisted by Henry Smith, volunteer. At first the only others were a cook and laundress. It will be remembered that there were as many as 119 patients in the hospital at one time, but the salaries paid were: to Mr. and Mrs. Sly (together), $50 a month; to Miss Hebbard, $2.50 a week, and to Henry Smith, nothing; while maids, cooks and so on received varying amounts, averaging about $1.50 a week except for Ellen Heath, who received $3 a month. No wonder there were frequent changes in the office of superintendent and matron—Captain and Mrs. Williams, Mr. VanZandt and his sister from Avon, followed by Dr. Jonas Jones, who was resident physician, superintendent, recorder and accountant, with Miss Hebberd matron, by which time they EACH received $50 a month. Mr. Breck followed Dr. Jones.

Henry Smith, who is referred to as "our friend of razor-strop fame" had been in Company D of the 140th Regiment of New York State Volunteers, and when invalided out had done some recruiting, until he heard that soldiers were to be received at the hospital when he volunteered as male nurse and served in that capacity as long as there were service men as patients. It was he who took a subscription box down to the Arcade, which netted $39.82 the first year and many hundreds thereafter. Apparently he added much to the gaiety of the wards and even gave the bride away when a wedding took place there. Of his later life we know

Ward in the original hospital

little, but in 1871 Mrs. Perkins had a letter from him from New York saying "I see by your paper that you want $5,000 to furnish your hospital. *You must have it.* I send you my check for $25." His was the idea of raising money for the erection of the wings by selling "feathers." He was certainly the hospital's first aide.

Of Miss Hebbard, one can but echo the testimonial of the Board, "Her reward is not here." From the day the hospital opened until her health forced her resignation in 1889, she labored unceasingly first as sole nurse and then as matron. A member of the Board wrote, "She had a remarkable executive ability, sound common sense and possessed the faculty of regulating the work of those who looked to her for assistance in such a way as to secure most effective results. Our housekeeper has a happy faculty of conducting house cleaning without noise or confusion and we think there are few private homes so uniformly neat and well regulated as our City Hospital." We are glad to know that she received a gold watch on her tenth anniversary as

A cubicle in a modern ward

matron "at a supper which was a recherché affair; fruits and flowers adorning the table in great profusion," and that she spent the last months of her life as the guest of the hospital.

It is hard to give an adequate picture of the early hospital. In the basement were the kitchen and laundry; on the ground floor was a central hall, with entrances on West Avenue and Troup Street, two female wards, an accouchement room, parlor and matron's room; on the second, male ward, private rooms, resident physician's room and dining room; on the third, private rooms and wards and above all, the dome which was to be a landmark in Rochester for so many years. It is said that it was part of the original plans at the suggestion of Dr. Edward Moore, who labored constantly for the hospital and hoped at some time to see it the nucleus of a great medical school. The wards were large, with strips of carpet by each bed leading to the long aisle of matting. There was a bureau at the foot of each bed and in the women's wards counterpanes and curtains added a last touch.

There were only eight private rooms, but this was natural, for the purpose of the hospital was to serve those who could not be cared for in their own homes. The story of the institution shows a steady trend away from the ward and to the private room, but it was not until 1938 that the lines crossed and private and semi-private patients were in the majority.

Great tents were erected on the lawn and they and the dome and every available inch of space were occupied by the soldiers, in fact only the female wards were free of them. In three months the building was taxed to capacity and additional money was raised, New York State giving $41,141.25. The East Wing of three stories was completed in 1865 with room for 70 beds, and in 1871 the West Wing was built. In 1879 the Mansard for private rooms was added to the East Wing.

Hospital stays were long in those days, and it was not unusual for a patient to stay several years, and the average stay was 71.8 days (in 1869). Many stayed year after year and regarded the hospital as home. The convalescents helped with the sicker patients, many went to the dining room for their meals and the lawn was dotted with hammocks where the patients took the air while they watched those who were stronger have a game of croquet or a match of archery under the great trees. We read, "There is a wooded lawn in front, green as the pleasant pastures of Paradise—croquet lawns for week days and tented tabernacles on the Sabbath." The lawns were broad and the budget small, and the grass WOULD grow. Mr. Breck, the superintendent, noted that two rival lawnmower concerns were carrying on a bitter advertising campaign, so he wrote suggesting that they have a contest on the lawns of the hospital to prove which was the better machine. The grass was trimmed to exquisite smoothness and then the winning contestant allowed the hospital to have the machine.

There was no operating room (the reception room was used when necessary), no laboratory, no diet kitchen, no trained nurse, no clinical records. Nor was there any segregation of patients, and there were cases of D.T. and erysipelas, epilepsy, typhoid, con-

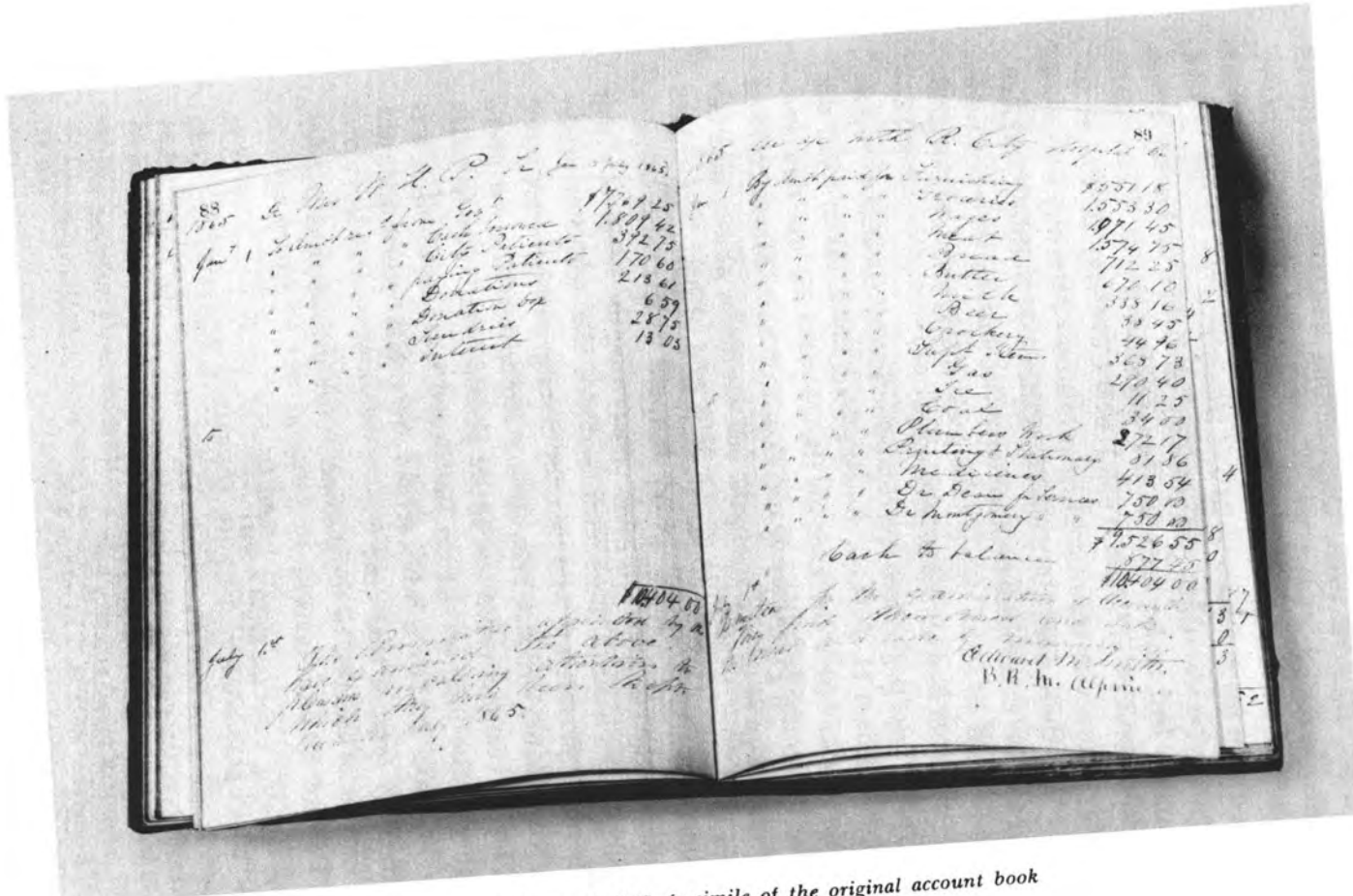
sumption, accident cases, amputations and sick children all together in the same ward. There was no city water in Rochester at this time and all water for the hospital, for whatever use, had to be drawn from nearby wells and transported by barrel. There was gas, but it was turned off at nine o'clock and flickering lamps or candles had to be used in the wards at night. There were religious services at seven o'clock every evening as well as on Sunday afternoons, conducted by ministers of the city.

In 1870 there were 100 patients in the main building and East Wing and for that number there were two nurses, with one maid in each ward to assist them. One took maternity and surgical, while the other had all the private cases.

On the next page there is a reproduction of the annual report in Mrs. William H. Perkins' flowing long-hand, taken from the account books which she kept for the 26 years she was treasurer, before becoming president of the Board of Lady Managers. For 48 years she gave of her strength, her executive ability and her charm to the hospital. One of the Staff said of her, "she thinks hospital, dreams hospital, prays hospital." She also kept a complete record of press clippings concerning the hospital which are largely the basis of these reminiscences. She, with her predecessor in the presidency, Mrs. Maltby Strong, and her successors, Miss Angie Mumford and Mrs. Arthur Robinson (who was president for 18 years) covered the entire period from 1864 to 1918. Another whose long service on the Board was outstanding was Mrs. William E. Hoyt, who served over fifty years and was secretary for most of that time.

It may be of interest to show some of the disbursements from Mrs. Perkins' account book:

For drawing water (at $3.50 a day)	$ 13.13
A "pope's head brush"	1.13
Lard	17.74
Ice for three summer months	26.06
110 bushels of potatoes at $.75	82.50
207 pounds of bread at $.06 a loaf	12.42
1,672 quarts of milk for a month at $.06	100.32
Sacking for scrubbing	1.50



Semi-annual report of 1865—facsimile of the original account book

MRS. WILLIAM H. PERKINS
First Treasurer, 1844-1889

CHARLES A. DEWEY, M. D.
Secretary Medical Staff, 1898-1916

Coal was $11.00 a ton but later dropped to $5.50, eggs were $.18, butter was $.35, oysters for New Years' were $1.00 a gallon, beef $.14 and mutton $.09. However, sugar was $.106 a pound.

There is an item for $1.25 for advertising for a cook, and the next month's wages include a raise from $1.50 a week to $2.00 after one of the names. There is a suspicious item in one month of 350 bundles of straw (and now there are air mattresses!) but they also paid $.60 a pound for feathers.

At this time the city paid the hospital $1.25 a week for city charges, which the Board felt was "insufficient at the present high prices of food." This is the first expression of the cry which enters all the records from that day to this like a Greek chorus, for although the rates have been constantly increased, the city has at no time paid the full cost of city cases.

Excerpts from regulations of the hospital may be of interest.

"Free patients when able shall assist in nursing or in such services as the superintendent or matron may require.

"The use of wines and intoxicating liquors, also the smoking of tobacco, within the hospital are prohibited, unless prescribed by the Medical Officers.

"Profanity, so offensive to God, and rude and noisy conduct so unbecoming male or female in any place, still more in the home of the sick and suffering will never (it is hoped and expected) be heard within these walls.

"All inmates are requested to abstain from spitting on the floor or from any unnecessary defacing or soiling of the furniture or building in any part. Habits of cleanliness in personal appearance show plainly and truly the character and training of every man and woman.

"Soldiers, patients and other members of the household are earnestly requested to be present at the religious services held on Sunday at three o'clock and every evening during the week at seven. It is expected that those not attending, if they prize not the privilege themselves, will so respect the feelings of others as to abstain from unnecessary noise of any kind during the time thus occupied."

In 1864, too, was started the Hospital Review, which was to serve as an organ of the hospital until the Community Chest took over in 1918. It was published on the fifteenth of each month "as a means of direct communication with our friends and donors—some way of thanking them for their repeated and generous donations, and acknowledging the receipt of them—some way of making known to them our wants and aims—of acquainting them with what we are doing for the sick and suffering and with what we hope to do." Subscriptions were taken at $.50 a year (later $.65.) The editorial matter was largely influenced by Mrs. Hale of Godey's, and to browse among the pages is to turn time back.

The Review soon paid for itself and built up a good fund, part of which is being used to defray the costs of this volume. The total cost of 1,000 copies in 1893 was $10 and for each additional 100 copies, $.50. The woodcuts of the hospital were always gifts and the advertisements brought in a nice revenue. The rates, adhered to throughout its life, were $10 for a quarter column per year.

The advertisements were almost as interesting as the other sections. We learn that A. S. Mann has received a new assignment of the finest black silks; another dealer mentions a fine assortment of "gent's shawls," and we read: "Away with spectacles, old eyes made NEW EASILY without medicine or doctors." Dr. Rider must have enjoyed that!

The following "poetry" gives an idea of the average contents, although occasionally a classic is quoted:

> The oak tree boughs once touched the grass;
> But every year they grew
> A little farther from the ground
> And nearer toward the blue.
> So live that you each year may be
> While time glides swiftly by,
> A little farther from the earth
> And nearer to the Sky.

There are little stories, directions for the care of parlor plants, special recipes for all sorts of goodies, abstracts of new discoveries in medicine, items about some of the patients who reappear so often they seem like old friends, and such as the following:

"The prettier your hands are, young ladies, the better, until they become too pretty to be useful."

"There is no such thing as a menial office. A menial office is an office with a mean man in it."

"Trifles make perfection, but perfection is no trifle."

"It requires a skillful surgeon to heal wounded vanity."

"Give liberally. It is a beautiful way of taking the air. You breathe more freely after every such exercise of giving. You can't send an arrow that will pierce the skies if your right hand is employed in grasping your purse."

The Review gives us by far the best source of material for the history and development of the hospital. Here are given, not only the annual reports, addressed to the Female Charitable Society, but an explanation of the needs of the hospital and each step of its enlargements and development, both physical and financial. We read obituaries of those who have worked for the hospital, both doctors and laymen. We hear of each gift, large and small, how much help comes from the surrounding towns, complete and glowing accounts of the Donations and every other money raising venture, the founding and expansion of the Twigs and their efforts, and we are impressed more and more with the Herculean efforts these women made in collecting the necessary help and

administering the funds in such a way that every cent brought in more than a cent's worth of value. "If we are extravagant," they say, "it is only in our charity" and every item bears them out.

Each month the deaths of patients are listed, usually with a diagnosis, though illnesses such as "a gathering in the head" or "disease of the brain," "old age," "lung disease" or "eruptive disease" might not be honored by our present records division.

The visitor speaks of the male ward wherein there were 17 inmates, three of them consumptives, but only three were in the ward at the time of the visit, the rest being out exercising. Another visitor reports that she did not visit the fever ward for then she would have had to change her clothes before returning home to the children but adds "but such cases cannot be contagious for the doctors and nurses live." One cheerful old soul was in the hospital for a year and a half and amused herself by making her shroud, which she wore on her exit from the hospital.

The gifts were of every sort one can imagine. In fact, the editors say "when so much is always needed as in a large institution like this, and when nothing our friends may choose to send us can ever come amiss, it is difficult to specify our wants. In short, dear reader, we want EVERYTHING and all you can possibly send us which is ever of ANY use in ANY family." And how the things piled in! "One Brittania teapot, two towels, a sack of hops, 100 pounds of ice, feather bed and bedstead, flannel, two jars of jelly, one bottle brandy, 2½ bottles of Cod Liver Oil (evidently the children had rebelled), a dish of baked beans, two packages of excellent lint, two jugs of milk, one crock of pickles, six lemons, one pair sad irons and stand, two bottles of champagne, 31 books, one dozen fresh eggs, packages of children's clothing, one gent's dressing gown, two bottles of currant wine, tea cakes, dried fruit, two jars of preserves, two chickens, half a cord of maple wood, and so on, page after page.

Special appeals were made for live chickens, that they may be killed as required and that the feathers may be had. And a perennial request is made for old rags; "it is often necessary for the Matron to buy new cotton and tear it into bandages when all

THE HOSPITAL REVIEW.

DEVOTED TO THE

INTERESTS OF THE SOLDIER,

AND THE

ROCHESTER CITY HOSPITAL.

"I WAS SICK, AND YE VISITED ME."

VOL. I. ROCHESTER, N. Y. AUGUST 15, 1864. No. 1.

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" MALTBY STRONG, | " Dr. MATHEWS.

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WILLIAM S. FALLS, BOOK AND JOB PRINTER.

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The Hospital Review.

ROCHESTER, N. Y., AUGUST 15, 1864.

To the Friends of the Rochester City Hospital.

The Ladies associated with the Hospital have long felt the need of some means of direct communication with our friends and donors—some way of thanking them for their repeated and generous donations, and of acknowledging the receipt of them—some way of making known to them our wants and aims—of acquainting them with what we are doing for the sick and the suffering, and with what we hope to do. As our work progresses, and friends multiply, we find it impossible to do all this satisfactorily by mere individual correspondence, or through our Secretary—the tax and constantly increasing labors would be too immense. Neither can we accomplish all that we desire, as we have attempted to do, through the medium of the daily press. The space allowed us is too limited—the expense of publishing the lists of donations too great, and we cannot feel at liberty, through its columns, to speak personally and directly as we would like to do to our friends. This, then, dear friends of the Hospital, is our apology, if one is needed, for coming before you at this time in this new form; and these are some of the reasons which have induced us to organize a

Title page of the first copy of The Hospital Review

know that old is so much better." "Our supply of jellies and preserves and dried fruits is getting low. Have you a hospital shelf in your fruit closet?"

> "Now is the time of year when you are doing your spring cleaning. How about getting yourself some new rugs and giving the old ones to the hospital?" (Who could resist such a subtle suggestion!) "Wanted, old quilts to put over mattresses and old doilies for trays." "Our appeal for feathers has had but one response this month. We are sorry on account of our sick solders, but we know it is no fault of the geese—and perhaps not of you either, dear reader!"

While the subject of Donations will be taken up elsewhere, one cannot omit mention of the very first, which took place in 1866 at the hospital, "to procure material aid and to bring together in one large social gathering all the friends of the hospital."

There was a fancy table where things were sold outright, "instead of by lottery as is so often done for charity," there was an ice cream table, young girls led visitors through the rooms and wards, and there was a "grate Sho" of "Fine Arts" by A. Ward. "We did not, how could we, expect such an outpouring of gifts, such munificent results." The account ends with a notice that a muff was exchanged in the dressing room; "the muff taken was a handsome sable and the one left in exchange one of mink of far less value." We are glad to record that the muff was found.

By 1866 there were but 13 soldiers left and they were soon transferred to veteran institutions and, with the withdrawal of government subsidies for services rendered, finances went from bad to worse. Each year the load of debt grew, for no sick person was ever refused (unless he had a contagious disease). City and county were still paying $1.25 a week, ward rates had been raised from $3 to $4 a week, but of course in none of these cases was the cost met. There were a few private rooms and they brought $8 to $10 a week.

Again there were appeals and again churches and groups and individuals rallied to the aid of the hospital. The rooms and wards were furnished by churches, or as memorials, and a few endowed

beds were secured. These endowments, of from $3,000 to $10,000 which were supposed to maintain a cot, a ward bed or a private room, now amount to about two weeks' upkeep per year, so rapidly have the costs risen and the interest rates declined. It is interesting to note, however, that although now the original endowments are lost in the general fund, any donor can at any time have free hospital service for anyone he nominates for his endowed bed.

The Mansard had been added to the East Wing, and here the most expensive rooms were found, the furnishers vying with each other. Here is the description of one:

THE GEM OF THE CITY HOSPITAL

In visiting the northeast room of the East Mansard at the City Hospital, just furnished by Mrs. William McKennan, we almost felt that we were on enchanted ground, that the wand of some magician, by some secret spell, had brought together, from far and near, a collection of the most useful, beautiful and artistic articles that could be selected for a sick room, and the whole atmosphere of the place was pervaded with taste, refinement and harmony.

When everything is so beautiful it is hard to particularize. The carpet is of old gold and peacock blue; the upholstered lounge and chairs are of golden brown color. The French bedstead, bureau and wash-stand are of black walnut. The bedding is luxurious and dainty. An oriental table spread, fancy lamp, and carved Swiss wood holder with choice volumes ornament the center table. The macramé covered mantel-piece is adorned with a clock, vases, pictures and bric-a-brac. The walls are hung with choice, classic pictures, such as the "Venus de Milo" and the "Sistine Madonna." The soft, cream-colored lace curtains, rich mats, tasteful toilet set, and other appointments make the room the Gem of the City Hospital. In every minute detail the taste and kindness of the donor are manifest. The match-box is an exquisite light wood carved bird's nest with two birds guarding it. Choice cologne fills the toilet bottles, and we are sure that many an invalid will revel in the beautiful surroundings supplied by one who has so kindly remember the City Hospital.

To reach these rooms it was necessary to go down eight steps and up fourteen. The windows of the private rooms were rather high and underneath was a sort of dais with a rocking chair.

Willow which stood where the Administration Building is now, with the rod to which the doctors hitched their horses. Note the Troup Street entrance of the original building

where the patient could sit and watch the doctors drive in and hitch their horses to the iron rod which surrounded the great willow to the south of the hospital. One horse was known as Vaccinia because she had been bought with money paid for vaccinations.

St. Peter's Church furnished the chapel which so long was to form the focus of the religious services in the hospital until much later when, with the consent of the church, it was turned into a nurses' sitting room. After the services, the minister and choir usually visited the wards for those who could not leave their beds.

Life was not all monontony for the patients. The Ladies made frequent visits, often people came to sing or play for them and in 1874 they were given a display of fireworks on the lawn with 11 magnificent set pieces. It seems an odd choice of amusement for the sick!

Although so much has been said of the work of the women, it must never be forgotten that the Board of Directors, too, labored unceasingly and apparently always with hand in pocket. It was a committee of men who secured state aid from the General Appropriation Bill for current expenses which began in 1866 and amounted to $24,663.88 before it was discontinued in 1872. It was a committee of men, inspired by Dr. Moore, who interested the U. S. government in using the hospital for soldiers, which brought a total of $37,022.33, and it was the Directors who loaned, subscribed, or solicited, when finances got completely out of hand.

Such was the case in 1875 when the strictures of economy made it necessary to dismiss the superintendent and have the Board of Managers with the matron supply his place, which they did until 1893, "making the purchases, paying the bills, and otherwise providing for the general oversight of all things pertaining to the welfare of the hospital." They now became, instead of committees of the Female Charitable Society, the "Lady Managers of the Rochester City Hospital." They immediately started making retrenchments. They had the bread baked in the hospital, saving $1,000; had the gas disconnected and substituted kerosene lamps, saving another $663, and reduced salaries by $1,416. The total receipts for the year were $17,121.33 at a time when there were 28,000 hospital days.

Can it be that some slight friction developed between the Boards at that time? On September 26, 1889, "a special meeting of the Directors was called to hear the report of the committee appointed to 'ascertain the powers and duties of the Lady Managers.' On Mr. Danforth's motion it was 'Resolved that the acts of the Lady Managers incident to the management of the Rochester City Hospital since January, 1875, are approved of and ratified and if the Lady Managers shall hereafter determine

to make their appointments of matron and assistant matron permanent, such appointment will meet the approval of the Board.' Carried."

During this period, as during the whole life of the hospital, it is the Staff who have made the greatest contribution. In the accounts of 1864 mention was made of payment to the doctors, but this was government pay and no member of the Staff has ever received a cent for the care of ward or O.P.D. patients. What this amount would aggregate is almost beyond compilation. At insurance rates it amounts today to about $400,000 a year. House doctors have given unstintingly of time and energy. Dr. Charles Rider, the first resident, was given his board and lodging in exchange for his full services, but evidently that was thought to be too generous for later the internes were actually charged for board and it was a matter of acrimonious debate whether they should be allowed to smoke anywhere on hospital property, even in their own rooms.

Early Days of the School of Nursing

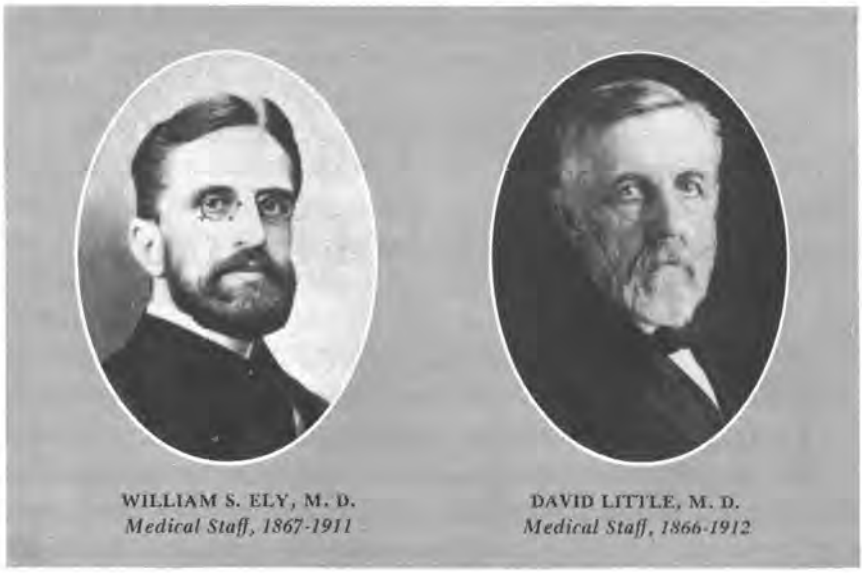
TO CARE for the sick has been so long considered woman's sphere that it is amazing how late in development was the the idea that she might conceivably need to learn how to do it. That it takes a good deal more than mere good will to make a good nurse is a very recent thought in the history of the world.

As late as 1870 a visiting committee of Bellevue Hospital reported the following condition:

> "In the fever ward where there were forty patients the only nurse was a woman from the workhouse under a six months' sentence for drunkenness. Here the only bathing conveniences consisted of one tin basin, a piece of soap and a ragged bit of cloth passed from bed to bed."

The first training school for nurses in America was founded in 1872 in connection with the New England Hospital for Women and Children in Roxbury, Massachusetts, where Linda Richards, America's first trained nurse, was graduated the next year. Massachusetts General, New Haven, the Women's Hospital in Philadelphia and Bellevue all followed in 1873.

Rochester was interested in these experiments and began to talk of the local need as early as 1879. Dr. W. S. Ely took a particularly active interest in the matter, and upon his urging it was finally decided, on resolution of the Staff, "that the nursing of the Hospital is one of the most important features, and that at least one trained nurse should be employed as soon as practicable." In July, 1880, the school was organized with Miss Aurora Smith of Bellevue as Superintendent. Miss Dixon, the first student, was accepted in September, and the school was



WILLIAM S. ELY, M. D.
Medical Staff, 1867-1911

DAVID LITTLE, M. D.
Medical Staff, 1866-1912

operating by December 1st. There were four graduates in that first class, although fourteen had entered.

Thus, the City Hospital training school was the twelfth in the country to be founded. It was necessary to have the state legislature amend the original act of incorporation and in 1883 the training school was separately incorporated so as to be capable of receiving endowments. "The nursing department was a source of constant consultation and care during many months until secured on a good basis" as the minutes tell us.

According to the first prospectus:

> "Applicants, who are to be between 20 and 35 years of age, must be possessed of a good education, of perfect health and unexceptionable moral character. The course extends over two years and consists of lectures and bedside instruction by the attending medical officers and the supervising nurse. . . . Board, washing and the nominal sum of $10 per month shall be deemed remuneration in full for services rendered by the nurses. . . . Pupils are desired who are refined, intelligent and healthy, and will come if accepted with a determination to devote themselves to a work which is deemed as exalted and ennobling as any they can undertake. No applicant will be accepted who does not intend to make nursing her life work. . . . Hours of duty for day nurses from

7 a. m. to 7 p. m. for night nurses 7 p. m. to 7 a. m. No nurses are required to do both day and night duty on the same day, except in rare emergencies. Each nurse on day duty is allowed one hour for rest and recreation daily, one-half day after 2 p. m. each week, and three hours on Sunday. A vacation of two weeks is allowed each year. . . . All students are to be in their rooms by 9:30 and lights are to be extinguished at 10 p. m. Senior nurses will be detailed for private duty from time to time. . . . Nurses will readily see that they have chosen a work of great responsibility. Rules, and the strict observance of them, are necessary for all who would excel, as they tend to the formation of regular habits and teach self-control, which a nurse should cultivate."

The course of study consisted only of the rudiments of a nursing arts course, with no anatomy, physiology nor materia medica, but such items as the application and cure of blisters, and cupping and leeching.

The director of the training school was to be appointed by the Board of Lady Managers with the approval of the Medical Staff. Here were her duties: she was to superintendent, direct and instruct pupils and visit every part of the hospital three times a day to learn if the patients are properly cared for; instruct the nurses in the countless duties of the sick room; see that all parts of the hospital and equipment are kept clean; see that extra diet is properly prepared; hire all helpers and keep records of them; enjoin neatness in her pupils, and oversee their health.

The Hospital Review remarks rather sadly, "the school is not without expense."

The idea of the importance of nursing was a new concept in medicine. Dr. Ely was extremely forward-looking when he suggested at the first commencement that:

"Altered views of medical practice are based on the conviction that many diseases tend to spontaneous recovery when patients are placed under favorable conditions for the operation of natural restorative influences. . . . Many of us now believe that the size of the physician's medicine case may be in reverse ratio to his skill, insight and intelligence—that sunlight, air, cleanliness, quiet and diet are among our most valuable remedial measures, and that the cure of patients is in a large degree simply—as the word implies—the care of patients. Nursing has been raised to the dignity of a profession second only in importance to the work of the physician and often more necessary."

This was revolutionary doctrine in 1883 when uttered and many of the older men still thought they knew "an old woman who is a much better nurse than these young things." This resistance was gradually worn down by the nurses themselves, by the improved recoveries, by the shortened hospital stays which better nursing made possible and by the enthusiasm of patients which formed public opinion into a demand for all that scientific nursing care stood for. Dr. Ely continued:

> "Daily bedside instruction and practical training lectures have been given by members of the Medical Staff on subjects connected with the work of the nurse. A nurse's diet kitchen has been established, where nurses are taught cooking for the sick, and where they are obliged to serve a month. Each nurse has also served on night duty for two months and furnished a daily written report of the condition of the patients and the service she has rendered. During the night the entire care of all the patients of the hospital has devolved upon one or two night nurses."

It is amusing to note press comments on this new creature—the professional nurse:

> "The nurses are all soft-footed, soft-voiced, flitting here and there. They are very pretty indeed and their costumes would become any woman. In their light blue cambric gowns, white aprons and caps, they look as fresh as a bunch of bluebells.
>
> "Here is a profession for which God has endowed woman and for which the highest education should be provided."

It seems strange to us today to realize that pupil nurses were not only given special duty to private patients in the hospital, but that they were sent out to nurse in homes, thus earning money for the hospital. This was one of the ways that the Managers helped to finance the school, and it was a practice followed by many of the New York hospitals. A charge of one dollar was made for furnishing the nurse, and $10 a week for her services, or $2 per day. "We should respectfully suggest that in cases of acute illness, a nurse should not be relied on for the entire care of the patient for a longer period than 10, 12 or 14 hours out of the 24." In 1893 charges were increased to $14 for outside nursing and $10 in the hospital.

That this practice educated the public to nursing skill, that it served as a public relations role for the hospital, that it gave the nurses practice in nursing without all the equipment of the hospital, as they would be called upon to do after graduation, were arguments for it, although perhaps the best argument in the eyes of the Board was that up to 1888 it had brought in to the coffers of the hospital $6,978 and that as late as 1903, when $5,000 was paid out in wages to pupil nurses, the school showed a net profit of $1,300.

A questionnaire was sent out with the nurse stating her duties and asking the employer to report whether the nurse had been neat? systematic? quiet? cheerful? willing? and vigilant? This states that the nurse's time belongs to the family employing her—she shall guard her patient from all worries; she is to employ her leisure in sewing or other light services for the family, she may put 18 pieces of laundry in the family wash; she should be allowed six hours for sleep and one hour outdoors in the twenty-four, except in confinement cases when she should not leave the house the first week. "It will be remembered that the Nurse's arms are usually the safest place for a young baby."

In "Hints on Nursing," published in 1872, the nurse was admonished "to be quiet and unobtrusive and to do the patients' bidding without argument."

It should be noted that this entire idea of using student nurses to bring income to the hospital not only stopped long ago but is repugnant to the modern concept of hospital service. Student nurses are not used for private duty even inside the hospital.

One can picture those young girls with their high ideals entering this strange new life. At first they wore any kind of dress, provided it was long, with their apron and bib on top of it. After a few months they wore uniforms of blue and white stripes, made with tight-fitting waists and voluminous skirts which almost touched the floor, barely showing those broad-toed, flat-heeled boots they had to wear. The apron was of equal length, 2 yards around, with a tight waist band and a bib. The cap, so generously supplied by the hospital, was a six inch square of white material,

Evolution of the nurses' uniform through the years.

completely surrounded with a full two inch fluted ruffle. On night duty they had to wear carpet slippers. The details of the uniform changed almost as often as the current styles, sometimes stiff, high-standing collars which cut into their throats, and starched cuffs, sometimes ruching inside the neckbands. When the stiff collars wilted in the heat, they were allowed to substitute a featherstitched band. Then the length of skirt was shortened to 37 inches (whatever the height of the nurse!) The cap, too, changed from year to year, as may be seen by the illustration at the end of this chapter. At one time it was made of book muslin and could not be washed.

By the turn of the century summer uniforms were made with elbow sleeves but they reverted to long sleeves in the winter and were never allowed to roll them, even when giving a bath. Their watches were hung on black ribbons around their necks and placed in a pocket. At one time the uniforms were made of heavy pique, a five-gored, very full skirt with a five-inch hem. At the top of the hem was an inch tuck, and as the bottom frayed, the tuck was let out and the bottom rehemmed. Their commence-

Picture at extreme right is the graduation uniform.

ment dresses were of silk or velvet in black or some dark color, until the white uniform was adopted.

From the very first there has been strict screening in the selection of applicants for the school, based on school records, tests and personal interviews. We read again and again of there being two accepted from sixteen applicants, one from twenty-five, three from twenty-three and in 1915, thirty-six out of three hundred and sixty-two. How the roster was ever filled, it is difficult to see, for we are told that "all applicants for training must be honest, truthful, trustworthy, punctual, orderly, cleanly, neat, patient, kind, cheerful and obedient to the rules of the institution. They must possess a good education, some manual dexterity, perfect health, pleasing manner, agreeable disposition and unexceptionable moral character." When one adds to these qualifications, the results of two years' training, one is convinced that wings must have sprouted from the shoulders of the graduates.

There has always been a probationary period when both the student and the hospital have tried each other out. Financial arrangements with students have varied from year to year.

Sometimes they have been paid a small monthly stipend to cover the expense of books and uniforms, sometimes these have been supplied and no payment made, sometimes $100 has been paid on graduation and recently a small tuition has been charged, thus putting it on the more dignified basis of a professional school.

Commencements and their annals fill many pages of the Review where we can read the addresses, accounts of the musical program and the prize essays. Each year, up to 1896, there was a contest and the three best essays were read at the Commencement. These were catholic in their choice of subjects. Florence Nightingale was of course the favorite subject until she had to be debarred. We find "The Real and the Ideal," "Air and Sunshine," "Kindness," "Doe Ye Nexte Thinge," "Gild the Pill," with an occasional topical poem such as the "Bulletin Board," which is a great relief from the Victorian type in which we are informed, "Write your name by kindness on the hearts and into the lives of the people with whom you come in contact in the sick room, and you will never be forgotten."

At first these red letter events were held at the hospital itself, then at the First Presbyterian Church, or Central Church, until the completion of the Nurses' Home, after which they were held there until 1921, when the General joined with the Hahnemann (Highland) and Rochester Homeopathic (Genesee) in allied graduation exercises in which the Strong Memorial, St. Mary's and Park Avenue Hospitals later united. The huge gatherings at these commencements testify to the general interest in this profession which has long since passed its probationary period and proved itself second only to medicine in the cure and prevention of disease.

At first the students were housed in any room unoccupied for the moment, which entailed considerable moving about. Then the Dome was transformed. It was divided into two stories, with twelve rooms built around a central trunk room. There was a small sitting room with an old melodeon in it. Unfortunately the Dome was also the favorite home of some rats. Again and again we find pleas for a proper nurses' home, "as it is now, they go to

Commencement picture of the class of 1888

their rooms in the main building and if they want sleep it must be obtained in spite of the constant disturbances that necessarily go on in such a large institution; or if they are to enjoy an hour's recreation (we can be sure it was not more than that) they must not make a sound for fear of disturbing the sleeping nurses or the patients." Such make-shift arrangements were to prevail for eighteen years.

This lack of housing was the determining factor in keeping down the membership in the school. There was need for many more nurses and sufficient clinical experience to give them good training, but until a home should be secured it was impossible to admit the candidates who applied. "Hospitals need to make nursing as attractive as possible to a high class of women. The work is so arduous that the conditions under which it is done should be made as tolerable as possible," wrote Dr. Goldwater in his hospital survey.

The opening of the school of nursing added immeasurably to the already heavy duties of the Staff. It meant giving forty or fifty lectures a year, conducting quizzes and examinations and a great deal of bedside training in the wards. All this was, of course, without any recompense. During these formative years the brunt of the Staff lectures fell on Drs. W. S. Ely, C. A. Dewey, David Little, E. V. Stoddard and J. F. W. Whitbeck, although others took part in the program, too.

Those first years there were eight Staff lectures and a weekly class conducted by the Superintendent of Nurses, but gradually the course was stiffened to keep ahead of the rising standards required by the state and by contemporary ideals. This has always been done and since gradings have been forthcoming, the training school has maintained its "A" grade.

The Staff conducted the examinations for many years. Any first year student attaining a grade of only 86 was conditioned. In the class of 1889, the lowest rating was 92.5. These examinations must have been ordeals, indeed. On the medical files we find records of the examinations extending from 8:30 to 11 p. m. and then being continued the following evening! No wonder we read, "The seniors were examined by twelve physicians and after the examination partook of a light entertainment provided by the Lady Managers." We can believe they needed it! Dr. Ely said "Nursing as taught in our hospital becomes a fascinating study which may exhaust the student but which cannot itself be exhausted."

"These brave girls," the Review says, "endured two years of trying experiences in hospital life and passed six rigid examinations." The "brave girls," however, seemed quite cheerful. One, when asked if she had any interesting cases, remarked, "They are all interesting to me," and another of them writes:

> "A nurse's life, though full of care,
> Is not devoid of pleasure
> For Satan finds no work for those
> Who haven't any leisure."

Although the early course of study may seem mild compared

with that of today, certainly the work was not. Some of the older nurses tell of creeping through the wards at night in felt slippers, a lamp held under their aprons so as not to disturb the patients, after the gas lights had been extinguished at 9 p. m. One nurse tells of being the sole nurse in a male ward of 25 very sick men on night duty at the end of her third month in training. The nurses had to polish the brasses and clean the bathrooms. "There were three-sided brass hot water containers and metal bath tubs. I always had to get inside mine to clean it," one nurse tells us.

One student nurse was on night duty during the first flu epidemic in sole charge of the men's and women's medical wards, which were separated by two short flights of stairs and a hall. She went from one to the other in trepidation of what might have happened during her absence. An extra row of beds had been put in and they were as close to each other as possible. The name of each occupant was hung over the head of the bed. With medications in one hand and a little lantern in the other, she had to pass down the row reading the names until she came to the correct one. The delirious and dying were put in the cross ward and from this there was a door leading down to the basement which was never locked. In one bed she had a boy of 19 who was there for observation, who had murdered two people with a hammer and had to be chained to his bed. If anything went wrong, the nurse had to walk two blocks through the basement by the light of a lantern, to get the night engineer. Another nurse writes:

"I came with my trunk full of books in soft gray and white covers to be restful to the eyes of the sick. They are in my trunk now, never having seen the light. My heart was full of lofty ideals about being a ministering angel to the suffering. . . . I remember the night duty, when I had an entire floor (65 patients) under my charge. In one ward beside 19 other patients, were 9 typhoids in various stages of the disease, and in another ward were four very ill patients in whose cases the diseases were so far developed that it was only a question which would go first. One night, as my ten o'clock round had been completed, sudden yells of the men in the male ward startled me, and on going out to learn the trouble, I found the entire ward in wild confusion, the men running here and there, getting under the beds and on the table. The trouble proved to be that one of the men who had heretofore been

a quiet patient was suddenly seized with delirium tremens and in his frenzy was pounding the occupant of another bed with a large bottle. . . . You ask for my motive in coming to this hospital. I'll tell you—I wanted something to do, and just here I may mention I have found it, for the nurses do everything under heaven, from mopping floors to writing lectures. We think that the limits of science are like the horizon, the nearer we approach to them, the more they seem to recede from us, but we love our work and do it with a will, not because it is our duty, but our pleasure."

It is interesting to note that six members of the two first small classes became physicians.

Middle Years of the School of Nursing

ONLY space forbids our mentioning all the superintendents of the training school, for each made a distinct contribution to the school, the nursing service of the hospital and the advancement of her profession. In the back of the book is the list with the dates when they served and by referring one can see to whose vision the steps in the development of the school were due.

The size of the training school has always been determined by the needs of the hospital, the demand for graduates and especially by the lack of housing accommodations for students. It was not until 1899 that the dreams of the Managers could be realized and even surpassed, and Mr. James C. Hart gave his beautiful Nurses' Home, with endowment, in memory of Mrs. Hart who had long worked for the hospital and knew its greatest need.

Yet it was only three years later that new rooms had to be arranged on the third floor and from that day to this we have seen cycles consisting of these factors; need of more nurses; lack of accommodation for them; addition to housing: whereupon the hospital has expanded and the vicious circle recommences.

Now at last the nurses could get away from their work and lead a more normal life. They had a place of their own where recreation, entertainment and a healthy social life could be indulged. Each year, too, saw more graduate nurses employed by the hospital, which eased some of the burdens and gave the students more adequate supervision and practical instruction. Gradually, too, the faculty was augmented so that the class work could be more thorough and the curriculum broadened to include more

Nurses' Home erected in 1899 in memory of Mrs. James C. Hart

diversified subjects. Moreover, with the growth of the hospital itself, the clinical experience became very different. The building of the children's pavilion brought pediatric training;, the obstetrical division developed rapidly, once it was discovered how much safer childbirth in a hospital was, both for mother and baby; the building of the first Whitbeck Pavilion gave an impetus to the new ideas in surgery which had consisted largely of amputations in the early days; the funny little contagious pavilions on the lawn gave training in the care of communicable diseases; district nursing was started, with each student taking her turn acting as "hospital nurse" in the homes of the poor, at first under supervision of the faculty and then under affiliation with the Public Health Nursing Association; the Out-Patient Department gave added training offering both valuable clinical material and also training in dealing with methods of social work; milk stations started by the Department of Health in 1900 under the supervision of nurses opened a new avenue for service to the graduate, and the opening of a pathological laboratory gave vistas of scientific research.

"The increasing demand for nurses in broader fields of work makes enlarging and broadening the curriculum a necessity if we are to keep our school advancing. A nurse today must know more than mechanical care of a patient. She must be taught the reasons, so as to correlate her care. There is no danger of the supply exceeding the demand, for the demand increases much more rapidly than the supply."

In 1906, for the first time, the probationers were received in classes and given a preliminary course of instruction before they were sent on duty in the wards. It was at first a two-week period, but it was gradually lengthened. This course, at one time taught by the superintendent and the graduate nurses, later was given by the Mechanics Institute and consisted of physiology, bacteriology, and chemistry, a departure in hospital education in the country. When personnel was depleted during the First World War, the experiment was tried of having the four hospitals give a joint probationary course with a full time instructor. This lasted for

Nurses in front of Isabella Graham Hart Memorial window

several years, then the hospital resumed its own teaching and the instructor stayed with small groups of students during their first ward experiences, so as to bridge the difficult adjustment period.

A nurse caring for patients in the contagious pavilions had to be isolated while there and everyone gave her a wide berth and called her a microbe. In winter she had the additional duty of keeping the stove going night and day, her sole amusements being her textbook and a few back numbers of magazines.

Hospital patients stayed so long that the nurses had a chance really to grow fond of some of them. One nurse recalls that a child was there for burns (there was no skin grafting then) when she entered training and was still there when she graduated. There was an old man in the middle Mansard who had a room with a fireplace, which he regarded as his own. He gave each nurse $.10 at Christmas. In the early nineties all these "regulars" were

transferred in favor of more transient guests—those having more acute diseases of course necessitated more continuous and more experienced nursing.

In January, 1892, was begun the City Hospital District Nurse service. This was in line with the original work of the Female Charitable Society. Indeed, Mrs. Oscar Craig, who divided the best years of her life between these two organizations, gave the original equipment. Student nurses took turns at this work which was one of the most popular services. In 1893 we read, "the district nurse was kept busy—as many as four being on duty much of the time and over 300 calls were made, 25 of the cases being obstetrical." They often stayed all night caring for the sick. We read, "the expenses are considerable (the carfare for one month amounted to $11) but there is no part of the hospital work that seems to be more important or to give greater satisfaction."

Every kind of case except contagious was cared for by these nurses, absolutely free; each year the service expanded and the black bag and black coat showed greater signs of wear. Like the Out-Patient Department, this work was largely preventive and saved the hospital the necessity of many in-hospital cases and it was, at the same time, educational, for hygiene, care of the sick, and post-natal and child care were taught by the nurse.

There was a flutter in the hospital when the first number of the American Journal of Nursing was published in 1900, for its founder and first editor was Miss Sophia Palmer. Feeling the need for such an organ, Miss Palmer and eleven other nurses had advanced private funds for its formation, and she had circularized the names of those whose addresses the American Nurses' Association had. Encouraged with 700 subscriptions, she started the magazine, doing all the work in the evenings after completion of her administrative duties. Of the growth of that first mailing list to over 12,000 paid subscribers and its ever-increasing influence, this is not the place to speak, but the time came when Miss Palmer had to choose between the hospital and the editorship, and from 1901 she carried it on from her own home and then from an office building. Miss Pennock in her "Makers of Nursing

History" has said: "Few women have exerted more influence in the development of nursing in all its phases."

In 1899 a radical step was taken and the course was lengthened to three years. The hospital needed it; the nurse needed it; and at last the hospital could accommodate the additional students. In 1922, Perkins Hall, a large addition to the Nurses' Home, made possible by the United Hospital Drive, gave the necessary class rooms, laboratories and recreational facilities, and affiliations with other hospitals for the clinical experience this hospital could not give, were arranged for. In 1920 student government was inaugurated.

The students brought out a year book called "Streptococcus" in 1927, which continued for many years and now, after a lapse of a few years, is again appearing.

Mr. Eastman's gift and the five years' building plan resulting in a new hospital had its effects, of course, on the school, as did the additions permitted by the United Hospital Drive. There must be more nurses, better trained and there must be infinitely more graduate supervision. The hospital and the school we have been thinking of has ended, the hospital has opened a new day—a day of greater potentialities and greater responsibilties.

Work of the Children for the Children

FROM the time the hospital was opened, the work of the children for the children was stressed by the editors of the Review. Modern public relations could learn from the psychology of those women. Among the greatest contributions which the Review made to the hospital was the children's department, which took a prominent part in each number. Here were pleasant little "goody-goody" stories and poems, and also accounts of how little "Monty was given a pocket knife by a dying consumptive whom he had visited" and how their "little agents" such as Linda Bronson and Mary Perkins solicited subscriptions for the magazine. They read how Willie Foot had given his "firecracker money" ($.08) to the hospital, and how Nettie and Susie had given a fair "for the benefit of those dear little lambs of Jesus less fortunate than themselves," or how Johnny Cary was getting on well in his new cast. Here is an example of the "poems:"

"Shan't" and "Won't" were two little brothers
Angry and sullen and gruff
"Try" and "Will" were dear little sisters
One scarcely can love them enough.

"Shan't" and "Won't" came to terrible trouble
Their story is too sad to tell
"Try" and "Will" are now in the infants' school
Trying to read and to spell.

Many a person now living can remember with what avidity they seized upon the sheet on its arrival, to read "their" column.

It is those same children who became the large donors to the hospital and the hardest working members of the Board of Directors and Managers in later years, and it is their grandchildren who are at so many of those posts today. Dr. Anstice said: "The children who are now growing up will always be interested in what they have worked for" and an editorial stated: "Interest the children and you interest their parents. Philanthropy should be as large an element in the education of a child as arithmetic, so that when the little boy is a man and the little girl is a woman and the burden of directing and supporting our charities rests on them, they will be intelligent and equal to the task." Is our modern pedagogy missing something which those astute women well knew?

The Review is full of contributions and fairs and bazaars and lemonade stands which the children had "for the sick soldiers." Especially touching is the scene of all the little folk clustering around Mr. Henry Smith and his mite box in the Arcade, bringing in their fire-cracker money carefully hoarded for the Fourth. Perhaps Emily Sibley's offering there of $.60 was the first of her many gifts to the hospital services of the city. We are given a picture, too, of Mr. Smith welcoming the group of children who brought to the hospital the proceeds of their sale in Caledonia Park when he made them a little speech of gratitude, ending by saying that their faces looked as if they could sing, whereupon he led them in various patriotic songs in which the soldiers joined. Can we doubt that they went back to renewed efforts? These little neighborhood fairs sprang up all over town, patterned on one given on Sophia Street, bringing in in the first ten years $770.61, not perhaps so much in figures, but rich with the interest and sympathy which was to bring many thousands of dollars to the hospital when those boys and girls had grown up.

The first time we hear of children giving potatoes was in 1864 when some little girls on Clinton Street held a fair in one of their yards for the sick soldiers. Realizing over twelve dollars by the venture, they proudly carried it to the hospital. Mr. Smith told them that potatoes were more needed than anything at the time,

so they invested it in five bushels "notwithstanding the high prices" and called themselves the "Little Girls' Potato Society."

In 1877, it was suggested to the children that they start raising endowment for a children's cot. This was an inspiration, for here was something concrete which appealed to the youthful workers, and they set to work with a will. The interest was not confined to Rochester children, but embraced those in nearby towns and even in other states. The Review says: "In many ways they have earned money for us; some by sewing, helping their mothers, gathering dandelions that the seeds may not scatter, obeying promptly and faithfully, making what they called 'useful and unuseful' articles for the Cot Table on Donation day, having parlor fairs, exhibitions, tableaux, Sabbath school collections, grab bags, dramatics, selling flowers and popcorn, etc., etc." Many a youthful heart rejoiced when the whole $3,000 was announced as raised in 1883 with an over-subscribtion of $41.93 which was immediately applied to the next children's project. Each Review told of the boy or girl occupying the cot and many were the calls made upon them by the well boys and girls. There were little Agnes McIntyre, Joanna Halissey, Hattie Slocum and so on through the years.

At first the sick children were mixed in with all the other patients in the big wards, which may have cheered some of the elders but could hardly be called helpful to the children as we have seen how large a proportion of the cases were chronic.

By this time there were 16 children scattered about and all felt that something must be done about it. "With the ladies to see the difficulty and to undertake to remove it were simultaneous acts," and the nucleus of $41.93 already in hand from the children would act as the loaves and fishes for the next venture, a Children's Pavilion, to be built by the children. Plans were immediately drawn and bricks, at the suggestion of Mrs. Robert Mathews, were sold at $.25 apiece—an act of faith, for the pavilion was to cost $12,000.

If the children had worked with energy before, they now worked with frenzy. Needs of children were constantly brought

before the public at that time for in 1884 was started the Infants' Summer hospital (now the Children's Convalescent Home), through the influence of Dr. Mott Moore and the generosity of Colonel Greenleaf on whose property tents were erected, and then sketchy wooden quarters. Here the hospital children were sent for a change of air and came back much refreshed and here many babies' lives were saved. With redoubled efforts, bricks were bought by "the little sunbeams who are radiant with thoughts of love and sympathy for the little suffering children." The fund stood at twelve hundred dollars when ground was broken and the corner stone laid in July of 1885, and all funds allocated to it totalled $7,000: Ice cream and cake were sold by Julia Robinson and Edith Peck and their young friends, who had been among the most indefatigable workers and all donors and youthful patients joined in the celebration, the site chosen being on the west lawn where the Out-Patient Departmnt now stands. It was opened the following June with a fete and a sale.

"Much taste has been shown in the selection of appropriate furniture for the front hall and reception room. The floor of these is covered with a nice linoleum, and a pretty Madras lace of old gold and ecru tints veils the front windows. A choice black walnut hat stand and black walnut sofa and chairs upholstered in brown leather, are the nicest and most substantial and appropriate things that could have been found for the place."

There was one little bamboo bed, trimmed wtih lace ruffles and blue satin ribbon sent by Lulu. When her mother suggested sending one of her dolls with it, she replied, "Mother, would you want to give away one of YOUR children?"

It was several years before the debt on the Pavilion could be wiped out and their next project, "The Crippled Children's Fund" be started, an endowment, the interest from which should supply braces and necessary appliances for crippled children. This fund, started in 1889 is still in existence as the Orthopedic Fund. If there were space it would be interesting, from the lists of youthful donors to all these projects, to trace the threads which led to adult participation in the work of the hospital.

Children's Pavilion erected in 1885. Used by the O.P.D. 1909-1929

Real friendships sprang up between the patients and their little visitors. Little Dorothy Robinson brought her Christmas present of that new invention, the gramaphone, and Henrietta Allen and Fletcher Steele led the Christmas carollers.

From that day to this, it has been one of the most popular branches of hospital work. The Christmas celebration of the hospital centered there and adult patients were often wheeled in to watch the brilliant Christmas tree, listen to the Christmas story and the carols, and see the happy smiling faces of the children as they opened their presents. Mrs. Kimball always sent greens for the whole hospital and the day was often the happiest Christmas those children had ever known. Tales are told of children weeping inconsolably at the thought of having to leave so happy a place. In 1887 there were 94 children in the Pavilion, 69 of whom paid nothing and eleven were partially paid for by the poormaster. They were taught sewing and English by volunteers and it was not long before they had regular instruction, in kinder-

garten and early grades, first by volunteers and later by a teacher sent by the Board of Education.

A unique free bed was started in 1890—called the Scholar's Bed, which was entirely supported for many years by the gifts of four (or more) potatoes which every school child brought to his class room. These were collected and taken to the hospital to be used by the patients, the hospital crediting to the young donors the upkeep of this bed. It was maintained in this way for many years and latterly the potatoes were divided between the different hospitals. Thus every school child felt he was working for the hospital and was interested in what ever child was occupying the bed.

DONATIONS

How can anyone write of the Donation? One never had to say "Hospital Donation" for although most charities had them in the early days, the only one ever spelled with a capital "D" was that of the City Hospital. If the reader has taken part in one, no description is necessary, if he, or particularly she, is too young, no description would be adequate. "No other single occasion," says a contemporaneous account, "sees the barriers of locality and rival interests so levelled as the Donation of the City Hospital. When that worthy charity is concerned, East Avenue ceases to be 'over the river' and Third Warders 'across the canal.' The chicken pies from the West End fraternize with Mt. Hope's roast turkey and Lake Avenue's pumpkin pies." No differences of race, creed, age, economics nor social position stood in the way of active participation. The leaders of Rochester were there without exception, but so were the three little newsboys who came in one year clutching in their hands 3, 7 and 11 cents, respectively, which they proudly offered to the treasurer, saying their buddy had been well taken care of at the hospital. If those boys are alive today, they must have memory of Mrs. Perkins' dignity and charm as she recorded the gift which "exceeded more than them all."

"The 'Donation fever' has struck Rochester," a reporter writes, and perhaps nothing else can explain the bustle, the confusion, the anxious preparations, the happy realization that was brought to Rochester every year on the first Thursday and Friday of December. The preparations were like Christmas Eve, the excitement like the Fourth of July, the goodwill like Christmas itself, and the results like Thanksgiving. There was considerable of Valentine's Day, too, and one looked forward to

it like one's own birthday, but Saturday felt like the "morning after" all of them rolled into one.

We have seen the first of these celebrations when all brought in their donations both in cash and kind for the use of the hospital. The feature of the second, also in a tent at the hospital, was an increase in the things to be sold, and "Faint Heart Ne'er Won Fair Lady," produced by Professor Appy. But it was felt (one might almost say naturally) that it might be too exciting for hospital patients, so in 1868 it was held in Corinthian Hall, where it continued to be held for eleven years. Here the Donation really got into its stride. The participants? Everybody in town, led by the Board of Managers and the churches. Booths surrounded the central space and tables groaned beneath the weight of the best that Rochester kitchens could produce. No man dared dine anywhere else, and although the price of a dollar a meal may have seemed high to some, no one could quarrel either with quality or quantity. "Hungry men and all men with an appreciation of the good things of life are advised to give their tired wives a rest on that day, and to come and take dinner with us." The dinner menu, which did not vary for many years, consisted of oysters, raw, stewed and escalloped; roast turkey, chickens, ducks, boiled hams, smoked tongue, chicken salad, lobster salad, squash, lemon, mince and cranberry pies, jellies, Charlotte Russe, fresh and canned fruits, ice cream, coffee, cake and candy.

For forty years, Mrs. Oscar Craig sat at the coffee and oyster table and among the many names of those who labored behind the scenes, that of Mrs. Louis Chapin appeared most often.

During these years entertainments were always given in the evening, "Rip Van Winkle," "Don Caesar de Bazan," concerts and always dancing with Schaick's orchestra and later Dossenbach's. In 1872 was given, probably for the first time in Rochester, "The Original Jarley Waxes," commencing at "eight o'clock precisely." A yellowed little program with a few names filled in in writing tells us that the "Mother of the Gracchi and Her Jewels" showed Mrs. George Whitney with Charles Pond and Guernsey Mitchell, "Scenes from the Life of the Father of His

"Heal the Sick." "Freely ye have received, freely give."

THANKSGIVING PARTY,

FOR THE

Benefit of the Rochester City Hospital.

The Lady Managers will be happy to see you,

ON FRIDAY, NOVEMBER 30th, 1866, AT THE HOSPITAL,

West Avenue, between Reynolds and Prospect Streets.

Facsimile of Donation invitation

Country" featured Miss Martindale, "Sweet William and Black-Eyed Susan" were Ken Alling and Miss Wilder, "Maid of Honor" Miss Blossom Buell, "Bluebeard," Gaylord Mitchell, and "Mermaid" Miss Julia Whitney.

So great a success was this that a few years later it was repeated on a larger scale at the City Hall, with Mrs. Montgomery Rochester as Mrs. Jarley herself. This was the same year in which Professor Ward exhibited his Siberian Mammoth for the benefit of the two hospitals.

The proceeds of the early Donations (They were at first called "Thanksgiving parties") were amazing for the times. They always ran between $2,000 and $3,000 until 1874 when that stupendous success, the "Frog Opera" led by John H. Stedman, brought in $1,329 to be added to the total. We are told that this was like a professional performance, although "all were amateurs who had never taken part in anything of the kind before; so little time could be spared for preparation that only one rehearsal was had, and none with the orchestra, and the prima donna was taken ill at the last moment and her place had to be filled by a substitute . . . the credit due the management, considering the difficulties they had to overcome, cannot be overrated!"

In 1875, the till was even more empty than usual. In addition to the donation there was held in April in the new City Hall, that "grand success" a "Concert en Costume" given by a chorus led by Frank Mitchell with the Philharmonic Orchestra, and a "Lady Washington Tea Party." "George" (Mr. Isaac Averill) and "Martha" (Mrs. George Munger) and their whole retinue in gorgeous costumes of the period, received on a dais in the center of the hall, while around the edge of the room were booths exhibiting curios whose description makes the antiquarian's mouth water. "Among those presented to the receiving couple," Mr. Scrantom's diary tells us, "were two 'Fifteenth Amendments,' a grayheaded, solemn-visaged old man and a lively talkative woman. We were pleased to see that George Washington and his wife received these sable guests with as much cordiality as though their faces were as white as powder could make them. The children of 'Afric's golden shore' turned out to be Mrs. Dr. Moore (Mrs. Edward Moore) and her son Richard."

In 1866 there was an art exhibition in the Court House, one picture, "Undine," causing a tempest in the local press. One paper said "If she has got a soul I think they should bring on a hoopskirt and things as soon as possible," while another retorted, "If Undine had a soul she would not think of clothing; if she does not have a soul she does not deserve any more than she has." In 1868 there was a baseball game in Jones Square between the Early Birds and the Unfortunate Worms, the proceeds divided between the City Hospital and St. Mary's. In 1884, "Esmeralda," "the best amateur performance ever seen," with A. E. Wolf, Celia Stern, Mamie Garson and Maurice Garson in the leading roles was given at the Eureka Club. In 1887, Miss Mary Durand (later Mrs. Mulligan) gave a concert at the First Presbyterian Church. In 1888 at the Opera House was presented the "Comedy School" by the Gilbert Dramatic Club, with the Opera Club chorus lead by J. Matt Angle and Dellon Dewey, and the following year appeared at the Lyceum that success, "Ye Gods and Goddesses," the libretto by Charles M. Robinson and the lyrics by John Strong.

General view of one of the early Donations, from a stereogram

It tells of the general interest in the charity, that although the totals were so high, 1881, is the first year to show an annual subscription of more than $100. It might be of interest to mention the chairmen of tables of that year, chosen at random. We wish we could list all their assistants and the chairmen of other years. Receiving Table, Mrs. Mary Gilman; Hebrew Table, Mrs. L. Adler; St. Peter's and Christ Churches, Mrs. D. W. Powers, Mrs. Frank Ward; Plymouth Church, Mrs. George Wanzer; Brick Church, Mrs. T. A. Newton; First Presbyterian, Mrs. Edward Gould; First Baptist Church, Mrs. L. Sunderlin; St. Luke's, Mrs. Henry Anstice; Dining Table, Mrs. John Brewster; Ice cream, Miss Hall; Flower and Fancy Table, Mrs. George Whitney; General Fancy table, Mrs. George Mumford; Children's Cot table, Mrs. C. H. Angell.

The aftermath of each Donation was a list of things left

behind, pie tins, platters and bonnets, and almost equally long list of things lost or exchanged.

In 1879 the Donations took a new lease on life when Mr. Daniel Powers allowed them to be held in his building, using Cobleigh's hall, the nearby corridors and several other rooms, and it was held there until 1886. Each year there were various entertainments, plays, tableaux, military drills and concerts. Of one, the press reports, "In nearly all particulars save the length of the programme, the entertainment was a great success."

In 1882, Mr. Powers, "prince of entertainers" invited the 140 men working on the new hotel to dinner at the Donation, thus "dedicating by charity's banquet, the unfinished building."

The Art Exchange rooms were used for reception "at the south side was our treasurer, Mrs. Perkins, surrounded by a band of silver-haired matrons, veteran priestesses at Charity's altar, who welcomed the guests as they cast their gifts into the treasury." Children, too, had a part. We read "three little gypsies told fortunes, Alice Peck, Lois Gaffney and Nannie Cumming, while Masters Lawrence Angel, and Augustus Gaffney had a fishpond, and 15 dozen sweetpea lamp lighters made by little Pagie Wood were sold," and a bit later Fritz Ward and Connie Wilder had a successful grab-bag.

Of the articles sold one could write a volume. Suffice it to give a few of the descriptions. "A wood basket of crimson plush with gilt acorns on one side and pine cones on the other; a mantle lambrequin made of seine twine and blue satin ribbon; an odd looking five o'clock bamboo tea table and another of plush" were something new in the fancy line. There were quilts by Mrs. George Whitney and Mrs. Andrews; Mr. Levi Ward donated a large screen with flamingoes on each panel; Mrs. Backus, the best milliner, made 15 dolls' hats; an exquisite tablespread was made of red plush with an India red center and old gold border trimmed with Japanese fans of every hue, embroidered on satin; and Mr. William Averill of Ogdensburg paid $50 for a table cover with pink chenille lilies embroidered on old gold satin with a crimson center." We are told that over St. Luke's dining table were sprays

Turkish booth at the Pardon and Kirmess in the new Lyceum Theater, 1889. Mrs. James C. Hart, Mrs. James Brewster, Mrs. Donald Gordon, Mrs. Charles Pond, Miss Alice Peck.

of smilax drooping from the chandelier, encircling calla lilies and pendant arbutilons.

Encouraged by their successes, for the returns had now risen to over $8,000 annually, the Managers began a stupendous undertaking, engaging Miss M. L. Eager to put on a "Pardon and Kirmess," to be given in the newly built Lyceum theater for a whole week in 1889. Through the generosity of Dr. and Mrs. Schuyler, their house next door was converted into an inn where meals were served. All around the theatre and on the stage and boxes were booths representing every nation in the most elaborate way. For instance, "at the east side of the stage was the Venetian booth with its lighted palace beneath which floated the gay gondola from which the costumed matrons and maids tempted the passerby, with flowers, lamp shades, and silver filagree." On the stage one tableau or dance followed another, in bewildering sequence, ending with a march in which all partici-

pated, after which the audience inspected the booths or "listened to Mr. John Dumont's phonograph." And the total? $16,694!

1890 also proved unique for the Donation was held in the new Federal Building on Church Street and Mrs. Danforth acted as postmistress. Two plays were given, but the great drawing card was the breach of promise trial of Bardell vs. Pickwick, given in the U. S. Court rooms with the leading lawyers and wits of town taking part and making extemporaneous comments. That year the Donation netted over seventeen thousand. The whole building was utilized, there being a smoking room with divans, where the income tax department now reigns.

Washington Rink was the scene of the Donation for the next two years, the months were featured the first year, while Spanish colors predominated in the second. Here, too, the oldest Twigs functioned as such, for the first time, although donation work was no novelty to most of the members. Since they gradually take over more and more of donation and money raising activities, let us interrupt the tale of the Donations by telling of the founding and development of the Twigs.

TWIGS

IN THE EARLY days of the hospital we find that the matron in her "odd moments" did the mending for the hospital and also sorted and put in condition the quantities of used clothing which were a godsend, as patients often had to be outfitted in them when they left the hospital. Obviously, the "odd moments" did not suffice as the hospital grew.

In the Review in 1882 is the notation, "Some of our young friends busied themselves during Lent making sheets and infant clothing for the hospital. Mrs. Macy's sewing class was composed of the Misses Cozzens, Roby, McVean, Bush and Macy, and the Lenten Sewing Society of St. Luke's, of the Misses Reynolds, Hawks, Hoyt, Hart, Watson, Mrs. E. F. Brewster and Mrs. S. Jenkins, Jr." There is also mention of sewing done by members of the First Baptist Church, though the names are not given. But these groups were shortlived and only pioneered the way.

One Friday, late in October, 1887, three intimate friends were lunching with Miss Lois Whitney; her sister, Mrs. E. S. Martin, Mrs. Martin W. Cook, and Miss Clarice Jeffrey. After luncheon, Miss Whitney, who was a member of the Board of Lady Managers, brought out a dozen napkins which she said were for the hospital, and began hemming them, and the others all assisted her. A happy afternoon was spent, needles and tongues flying busily. "What fun this has been; let's do its again" was the verdict. So each of those four asked two friends to meet with them in two weeks. That group, besides the original four, were Mrs. George C. Buell, Mrs. William E. Hoyt, the Misses Rumsey, Mrs. Hiram W. Sibley, Mrs. A. Byron Smith, Mrs. Howard A. Smith and Mrs. Warham Whitney. They organized with Mrs. Whitney as treasurer and Miss Jeffrey as secretary, each member to pay dues of

$2 which would pay for the materials, and the meetings were to be held every other Friday with a simple lunch confined to one course. Those eight new members each asked one more, so the organization numbered twenty. The question of a name was raised and Miss Jeffrey said, "We are not big enough to be called a branch, so why not a twig? Let's call ourselves the Parent Stem, for surely others will want to follow our example." Before the end of that first year two groups had, and that amazing institution, the Twigs, had been set in motion. Today we have sixty-eight. The idea has been copied in various parts of the country from California to Long Island as the "Rochester plan," and it has been said that although Rochester is famous for her trees, the only one truly indigenous is the "Hospital Tree."

Miss Whitney realized something of the importance of the movement she had started, for the day before she died, she said to Mrs. Arthur Hamilton, "Do not lose sight of the Twigs, for they may grow to be a power for good." How well Mrs. Hamilton obeyed that trust is evidenced by the growth of the movement, which she fostered until the time of her death in 1936.

The daughter of Edward Everett Hale, visiting in Rochester and attending a meeting, told her father of the Twigs, and asked Mrs. Perkins to write him about them. In 1907, she received the following letter from him:

My dear Madam:

I have received through Mrs. Perkins' kindness the interesting reports of the Rochester City Hospital. I am greatly obliged to you for sending them to us.

Have you ever seen the original passage to which I refer, from one of the early Christian Fathers, which reports a prophecy of our Saviour as to the future growth of His Church? It is one of the few sayings of His preserved in those early writihgs which the best critics regard as authentic, though not in our Gospels. I have copied it on a separate sheet.

Truly and always yours,

EDWARD E. HALE.

"The days will come in which vines shall grow, having each ten thousand branches, and in each branch ten thousand twigs, and in each true twig ten thousand shoots, and in every one of the shoots ten

Miss Lois Whitney, founder of the Twigs, with the Hospital Tree which they form

thousand clusters, and on every one of the clusters ten thousand grapes, and every grape when pressed will give five and twenty metretes of wine. And when any one of the Saints shall lay hold of a cluster another shall cry out, 'I am a better cluster, take me! Bless the Lord through me!"

Great ingenuity has been shown in the naming of the Twigs. In addition to the numbered Twigs running from one to eighteen, there are: The Parent Stem, Applewood, Balsam,

Banyan, Barberry, Beechwood, Brambles, Cedar, Columbian, Cypress, Dogwood, Ebony, Elm, Evergreen, First Graft, Four Leaf Clover, Garden, Hawthorne, Heather, Hemlock, Hollow, Holly, Ivy, Larch, Laurel, Leaves, Library, Lilac, Linden, Magnolia, Maple, Nightingale, Oak, Oleander, Olive, Palo Verde, Pine Needles, Properly Bent, Pussy Willow, Ramblers, Roentgen, Rosemary, Sandalwood, Seneca, Splinters, Spruce, Surgical, Teakwood, and White Birch. Others which have been renamed or disbanded include: Pine Knot, Chips of the Old Block, Blooming, Shavings, Mites, Rosebuds, Peach Blossoms, Thorns, Morning and Papyrus.

Until the Community Chest took over in 1919, the Twigs bought their own materials and cut them. Sometimes the results were not quite what were intended, although Miss Keith carefully graded the work, giving the most complicated garments to the better sewers, and the sheets to the Twigs who could raise the most money. One Twigger, finding a discrepancy in the armhole size of bedshirts, carefully gathered a sleeve into the armhole on one side, and the body of the garment into the sleeve on the other side. One Twig added a special touch by putting pockets on the left front of each gown. But, except in the Maternity Department, these gowns were worn hind side before, thus placing the pocket in the middle of the back where it could be reached neither from above nor below.

In 1905 every sheet used in the hospital was supplied by the Twigs, and by 1912 they were supplying over 4,000 articles annually. Between the years 1921 and 1937 alone, the number of articles made by the Twigs was 119,000 and the cash contributions for special purposes $24,881.00.

Today the Twig Work Committee cuts all articles, for which the hospital furnishes the materials, and farms them out to the Twigs, who do the sewing and return the finished articles tied in bundles (correctly, we trust) to be put into immediate use. About 17,000 articles were supplied in this way in 1940.

The sewing the Twigs did, and do, for the hospital is but a small portion of their activities. In 1890, at the age of three years,

they began to aid the churches, Managers and individuals in the donations. Gradually, their part became more and more important, each Twig having a table and vying with each other in their wares and salesmanship, and latterly the churches confined their concerted efforts to the luscious meals always served.

Every Twig, though not equalling the Fourth Twig's marvelous record of $2,000 turned in in 1912, could echo their statement, "We worked like dogs all year, but were very happy over it." The Chips of the Old Block entered the path they should follow very early in their lives, being first mentioned in 1891 as wearing a silver pin with chips engraved on it and a thimble hanging from it. Their first money was earned weighing people at ten cents apiece and later they specialized on popcorn. The Properly Bent Twig, organized the same year, worked especially for the Children's Pavilion. They went co-educational and had Brainerd and Caleb Whitbeck, John Aitkin, Fred Barry and Allen Farley listed as "attachés," who came in for candy and helped in dramatics such as "King Persifer's Crown."

To do all these things, the Twigs need full coffers and the means they have taken to fill them are legion, such as dramatics, concerts, lectures, operas and card parties, "White Elephant" and rummage sales. Specialties have been kept and sold all year, so that totals at donations represented twelve months' work. In this regard it is interesting to know that the Fourth Twig in ten years made $16,900. Sales are now usually held in a small way, sometimes at the Twig luncheons, sometimes in a home, for most Twigs carry specialties which find a ready market.

Twigs have endowed beds and furnished rooms; made contributions to the social service funds; given presents for each ward patient at Christmas; built fences; bought Gatch beds and X-ray equipment; incubators, refrigerators and books for the library. They have laid floors, have painted and redecorated rooms, wards, halls and porches, and given memorials of every kind.

In 1895 the Board of Lady Managers invited all Twig members to tea in the Nurses' Home and escorted them through the hospital. This was repeated several years until 1904, when

they invited all members of the Twigs for luncheon in the Nurses' Home. One hundred and fifty attended that first of many pleasant Twig luncheons which were to follow annually, there, at Mrs. Danforth's, at the First Presbyterian Church and the Seneca Hotel. The numbers have now grown so great, only the Twig presidents are brought together at tea time to receive the lists of garments needed, and to hear all the news of the hospital, its development and its needs, to carry back to their members.

But it is not only as seamstresses and money makers that the Twigs are valuable to the hospital. Here is a large group of interested women who serve in all sorts of capacities in the hospital set-up—board members, committees and aides. It was largely they who came to the rescue of the hospital when, with a war-depleted personnel, the flu epidemic came to Rochester, it is they who largely support the library and it is they who serve as aides in many types of service. Above all they are an informed group and serve as public relations agents. If they hear a complaint or a rumor about the hospital, they bring it to the attention of the administration, help to track it down and then go about scotching it if it is false.

In 1893 the soliciting of subscriptions at the Donation was omitted as that was the year when Mr. Samuel Wilder and Colonel Brackett had raised $42,000 to wipe out the debt which had been accumulating like a snowball ever since the hospital had opened. The effort of the year was the Spielkartenfest under Miss Eager's direction, which filled the Lyceum for fourteen performances. The outstanding feature was a real game of whist, played before the audience by four chosen players, the dancers costumed as the fifty-two cards, coming forward as the tricks were taken. Fitzhugh Rink housed the Donation for four years, each year something new being offered in arrangements and entertainments. Would that there were space to even list the plays, tableaux, dances and the rest, but one cannot quite pass over Alice in Wonderland with Miss Emma Wilder as Alice and Sam Hamilton as the White Rabbit.

The Donation of 1898 was very "different," being a depart-

The four queens in the whist dance at the Spielkartenfest, 1893.
Miss Maude Emerson, Miss Merchant, Miss Huntington and Miss Parsons

ment store in Fahy's old store on State Street, where there was room for every possible attraction, including a midway, even to the donkey loaned by little Edward Mulligan on which children bought rides. The next year Miss Clara Wilder was responsible for introducing rummage sales into Rochester at the Donation. It was called a "curiosity shop," and among the things were some priceless first editions. The small pox epidemic in 1902 caused the Donation in a large form to be given up, but Mr. Eastman loaned Culver House, the Twigs sold their articles and almost as much as usual was raised. In fact, to raise $8,564 with total expenses of $32.50 would seem to reach a new high of efficiency. Donation was held in Eureka Hall from 1901 until it moved to Convention Hall in 1908, where it continued annually until 1919, when the War Chest discontinued it. One more mention must be made—that of the "Betsy Abroad" with libretto by Elizabeth Hollister and lyrics by John A. Warner, given by a cast of 300 at the Lyceum for three days. Miss Laselle (Mrs. J. S. Watson, Jr.) sang the leading role and Miss Whitney (Mrs. Allen) was premiere danseuse.

Here is an account of a Donation early in the present century:

The great event of the year was the hospital Donation. For months every Twigger labored on all sorts of fancy work; for weeks theatricals or pageants were rehearsed under the direction of Miss Eager; for days every kitchen in town was a turmoil of cakes, candies, pies, rolls and cranberry sauce. White aprons were laundered and the men of the family evicted for two days. Everyone set out early Thursday morning with bundles, boxes, and baskets to man the booths each Twig had erected and trimmed the day before. Every Victorian piece of handiwork imaginable was exposed for sale and some unimaginable. Some were "so difficult that they should have been impossible."

In the center of the hall sat Mrs. Warham Whitney in white kid gloves taking in the filthy lucre at a table marked "Donation," while at another table sat Miss Lydia Rumsey taking subscriptions for the Hospital Review. With perfect synchronization you bought and sold, so that a steady stream of cash flowed into the hospital till. Occasionally it seemed wisest to buy back your own contribution, but that, too, helped the hospital and no one knew so well how much work it represented, nor approved so thoroughly of its taste. All roads led to the hall during the noon recess of business men. Long tables groaned beneath the weight of jellies, pickles, cranberry sauce and salads, while behind the scenes Mr. Pond, Mr. Louis Chapin and Mr. Charles Gorton, with aprons tied around their necks, carved the succulent turkeys. You whispered to your waitress that you preferred "Mrs. Brewster's Charlotte russe, please" and hurried away from your booth to eat with your family. Afternoon and evening saw a continuation of a brisk trade with the variation of treating your friends to tea or ice cream, and seeing that the children on their arrival from school had full purses to enjoy the grab bag, fish pond and Punch and Judy. In the evening, too, came the great dramatic event, more important than any Broadway first night. Whether it was Columbus and Isabella, the Pied Piper or the Kirmess, it was the best show since last year, and every minor part was applauded to the echo. Hot mustard foot-baths had to be used to fit one for a repetition of the wild orgy all the next day. The medical profession, as well as the hospital, was the gainer, for many took to their beds as a result and it was some time before life regained its normalcy, while some were said to have 'put their friends to the inconvenience of a winter funeral at Mt. Hope.'

The churches and Hebrew groups have ever seconded the efforts of the hospital. Ministers of the city for many years had weekly services in the chapel and still do in the wards at times.

There is one organization which has always been very closely connected with the hospital although it has not been greatly publicized. In 1875, the Flower Mission was founded in St. Luke's Church to carry little bouquets of flowers and fruit and small gifts to the patients in the various institutions. With few exceptions they delivered flowers to the patients every Saturday morning for over forty years, younger members taking the places of those who had started it. Small dues were collected from the members, people sent flowers from their gardens and many florists helped in the good work. The flowers were all made into small nosegays and they learned to put at least one flower of delicious fragrance in each, for they overheard an old man say, "It hasn't any more smell than my old stick." About 3,000 were delivered each year. The joy they gave was a rich reward for the workers. Another organization which has done fine service is the Needlework Guild, which has sent hundreds of garments each year to be used for patients who needed them.

The work of the hospital was aided by the gradual collection of a small endowment fund, largely in the form of endowed beds. In the central hall of the hospital are two large marble tablets for the inscription of these additions to endowments. The entire interest on the endowment fund amounts to $17,350.44 at present.

One endowed bed which has a colorful history is the Mary Bed, founded by Miss Mary Wright in 1891, the money to be received in small amounts from anyone whose name was Mary, by others because of their affection for some Mary, and to be occupied by any Mary who needed it. Each month the Review told of additions to this particular object and Miss Wright received subscriptions to it at donations for years. How she heard of it we are not told, but an annual subscription was received from a little Mary in North Dakota, which perhaps shows how far the Review wandered afield. It was a proud moment when the fund of $3,000 was finally completed and the bed put into operation.

Buffalo Street looking west from St. Paul Street, 1879

Growth Through the Years

To trace the threads of the developments from the early seventies to the present time is the task of this chapter, but how difficult is the telescoping of so much material and how hard to know whom to omit in a mention of those who have woven the fabric.

Many Rochesterians will remember the old main building with its two wings and its great dome, for it dominated this district of the city, but perhaps fewer will recall the two funny little frame buildings on stilts which used to stand on the east lawn. These housed cases of communicable diseases and consisted of two rooms and a cubicle for the attending nurse, and were heated by little stoves. The first was erected by Mr. Harvey Hall and his family and was known as the Hall Pavilion. It was built in 1882 and "was designed for the care of serious cases of disease, or of operations which require isolation for their proper treatment. It is built two and one-half feet above the ground on strong posts with special reference to ventilation and sanitary considerations." It proved so useful, yet inadequate, that it was duplicated by Drs. Ely, Stoddard and Whitbeck at a cost of $525, and this was known as the Doctor's Pavilion.

That science was largely in the dark in regard to contagious diseases is shown by a discussion (in 1882) as to whether it might be wise to segregate diphtheria and scarlet fever as was done in the case of smallpox. In 1893, the water pipes in one of these pavilions froze, and in thawing out, sawdust and lumber under the house caught fire and nurse and patient were smoked out that

night when flames were seen coming through the floor. Contagious diseases were always causing complications in the hospital. Once scarlet fever broke out in the maternity ward, and at another time there was an epidemic of measles in the Children's Pavilion. Miss Keith recalls the case of a woman who brought in three children who had eaten "Rough on Rats." The flurry from emergency measures was subsiding when it was discovered that the woman herself was recovering from scarlet fever and that all three children were in the early stages of it.

The Mansard of the East Wing had been added in 1879 for private patients and these rooms were the last word in elegance —much finer in every way than were the older rooms. The finest was that furnished by the Union Blues, "of which the walls were French gray paneled with blue. The black walnut furniture was upholstered in blue, each piece having the monogram 'U. B.' There was a handsome Brussels carpet on the floor, and hanging from the ceiling a six-burner gas chandelier with a drop light."

How up-to-date the hospital must have seemed by the eighties, with furnaces, running water, elevator and bathrooms. No wonder we find this mention: "These private rooms combine all the advantages of a first class hotel with the quiet trained nursing

"Hall" and "Doctor's" Pavilions for communicable diseases, erected on east lawn in 1882

Private room in the Mansard, furnished by the Union Blues

and attention of a hospital. They are heated by steam, are well ventilated, and having no pipes or plumbing connected with them, they are free from any possible exposure to sewer gas."

These private rooms served their purpose well, for they tended to break down the tremendous prejudices against hospital treatment which existed then and of which we hear very few echoes today. New York nurses tell of having to go to hotels and prepare there a room for an operation, covering with sheets all the furniture that could not be removed, because rich out-of-town patients would not go to a hospital. It is not so many years ago that the socially accepted procedure was for a baby to be born at home and it was thought that only those having homes totally unfit, would think of going to the hospital. It was only as the hospital proved itself to be infinitely safer for both mother and

Dr. Charles D. Young and Dr. Louis Weigel operating, about 1892

baby that this prejudice was broken down and it was only as surgery advanced and surgeons refused to operate except under the best conditions, that operations were all done in hospitals.

The Children's Pavilion and the Magne Jewell Memorial, which were both built in the eighties, have been described elsewhere. When the children were moved to the West wing in 1909 their pavilion was remodelled for O. P. D. and was occupied by them until 1929.

One can best give some idea of the surgical facilities and their development by a series of quotations from early records of one sort or another, but it should be borne in mind that modern surgery was very late in development. The year the hospital was founded marked the first demonstration in the Massachusetts General Hospital of the use of ether, without which surgery, as we know it, would, of course, have been impossible. Asepsis was unknown and the presence of "laudable pus" was the natural state

One of the modern operating rooms

of any wound. Most of the early operations were amputations.

The first operating room was where the doctors' lounge is now and was the general meeting place. When an operation took place the spittoons were pushed aside and the necessary paraphernalia brought in. What these comprised may be guessed by the fact that in 1865 Dr. Dean collected from his friends $155 in order to buy the necessary surgical instruments.

In 1884 we read: "The room formerly used as a dispensary has now been fitted up for the Recorder. This gives the Recorder a more quiet place for her writing and obviates the necessity of moving books and writing materials from the reception room for patients as has heretofore been necessary whenever the room was needed for a surgical operation. Now the large room on the south side will be used as a reception room for patients and operating room and library."

In 1885 at a staff meeting it was recommended that the carpet

be removed from the operating room and that the floors be painted or covered with linoleum. In 1888 we read: "The new method of antiseptic treatment occasions considerable additional expense in surgical cases. It has been generally adopted only in the last few years and many of the old fashioned surgeons are still opposed to it, but the results are wonderful. The wound frequently heals on the first intention (without pus)." A magazine article in 1888 says, "A few years ago the most skillful surgeons shrank from all operations that involved opening of the abdomen. Now the abdomen is freely and safely opened for difficult operations."

That year the Review stated: "The demands on the surgical department have been so pressing that our Staff have felt that better accommodations are needed, so the room on the southwest corner of the main building has been undergoing repairs and is to be used exclusively as an operating room. Every arrangement has been made to facilitate the work of the surgeon. In five minutes everything can be ready for an amputation. The books have been removed, the woodwork painted, a new soapstone sink has replaced the old basin and an electric light introduced for night operations. Antiseptic solutions are in bottles on the mantel and the irrigating can forms the center ornament. Everything is systematically and conveniently arranged in this room, and we trust many precious lives and much suffering may be saved by its ministries." By action of the Staff it was decided that this room should be kept solely for the purpose, and locked. In that year there were 35 operations performed, but an interesting surgical report of Dr. David Little the following year reports a great increase in the amount of surgery, listing the operations as follows:

Dislocations	15
Fractures	58
Amputations	13
Miscellaneous surgical operations	74

"It seems a fair cause for felicitation that this institution can make so good a showing—a showing that compares favorably

JOHN F. WHITBECK, M. D.
Medical Staff 1866-1880

JOHN F. W. WHITBECK, M. D.
Medical Staff 1880-1916

with the surgical statistics of even the most favored of the metropolitan hospitals."

A notice of an operation about to be performed on any ward patient was posted on the doctors' bulletin board to serve as an invitation for any physician to attend.

Even this model operating room did not long satisfy the surgeons and in 1890 Dr. J. F. W. Whitbeck gave the hospital an up-to-date surgical pavilion with all the latest improvements in memory of his father, Dr. J. F. Whitbeck, and it was dedicated the following year. This occupied the place where administration now is, and was connected with a passage, below which was the emergency entrance. "There are no nooks or corners in which germ-laden dust can find a lodgment." On a visit to the hospital here in 1898 Dr. William Osler expressed himself as very much impressed with the fine surgical advantages.

Reminiscing of these early days, Dr. Charles D. Young, through whose courtesy many of the old scenes in this book are shown, has said, "It was before the days of rubber gloves, face masks and other modern protectives in operative surgery. During operations sponging was done with sea sponges which, after being

thoroughly washed, were kept in a large crockery jar in a solution of carbolic acid. The chief reliance in securing asepsis was the thorough scrubbing with green soap and water. The operator rolled up his sleeves and put on a rubber apron, more to protect his clothing than for the safety of the patient. On one occasion in those days I saw a member of the Surgical Staff strop his scalpel on his boot before making the incision on the patient's body. The patient recovered with only a small amount of 'laudable pus' appearing in the incision." In this connection it is interesting to note that the first surgical gown worn in the hospital was made for Dr. Whitbeck by one of the nurses TO PROTECT HIS SUIT!—and modeled after the gown worn by butchers in Canadian markets.

The elevator was added in 1886, the gift of Mr. A. J. Johnson, the hospital financing the building of the well for it.

The doctors' minutes in 1888 say "a standard solution of High Wines should be adopted as a substitute for Whisky, in the interest of economy and temperance, for prescriptions of ward patients."

In 1903 the hospital had a treat in a visit from Dr. Lorenz when he conducted a clinic in his "bloodless surgery." He was in the midst of a demonstration of how he treated a club foot when the patient, a young lad, ceased to breathe. Quietly the great doctor stopped his manipulation and started artificial respiration, and saved him. Dr. Lorenz spoke of Rochester as "your beautiful forest city covered under the shadow of thousands of beautiful trees."

In 1907 was the opening of the Hart Maternity Building given as a memorial to Mr. James Hart by his daughters, Mrs. Bartlett and Mrs. Bonbright, which stands directly opposite the beautiful building he had erected in memory of Mrs. Hart. Prior to this, obstetrical cases had been housed in the second floor of the Children's Pavilion.

Up to 1895 the only ambulance in town belonged to the city and was kept at police headquarters. The city physician was notified of hurry calls and when he was not otherwise too much occupied, he mounted his bicycle and hurried to the scene of the accident, often arriving after the victim had been removed. On

the front seat of the ambulance rode two stalwart policemen.

In 1891 the hospital suggested to the city that the ambulance be housed near one of the hospitals so that an interne could go out with it each time, but this was not acted upon. In 1895, due to the generosity of Mrs. Henry Perkins, the Homeopathic Hospital was supplied with two modern ambulances, the second being for contagious diseases. This was a matter of rejoicing for the whole city, for the former ambulance was seldom fumigated and was of antiquated type. The Common Council finally decided to turn over the ambulance service to the hospitals, and to pay them each $1,000 a year. Homeopathic was the only hospital equipped to take it over at first.

In 1896 Dr. Henry T. Williams gave the City Hospital its first ambulance, at about the same time that St. Mary's acquired one. It was the last word of comfort and elegance, being specially designed by the doctors. "The whole finish of the outside of the vehicle is artistic in the extreme" and the driver had a uniform and hat of blue cloth to match the black and blue in which the body of the ambulance was painted. (Suggestive colors, one might think, for accident victims.) At the request of the original donors, the old municipal ambulance was given to the City Hospital for contagious cases. A barn was built at that time near the southwest corner of the lot, where there was also the ice-house and the morgue, over which the laboratory was later to be started. The present garage was owned by Mr. Frank Taylor, founder of the Taylor Instrument Company, who lived next door in the "Clifton House," now used for professional personnel, and was bought and given to the hospital by Mrs. Warham Whitney, when she gave the first motor ambulance.

Although it was easy to find a horse, it was hoped to find one that would be at the same time "fast yet gentle and with good sense." The paragon was Dobbin, long favorite of the hospital personnel, whose duties became his greatest joys. The first seven months there were 433 calls, of which 48% were hurry calls, but the percentage gradually was somewhat reduced "as the novelty wore off."

First ambulance, 1896, showing Dr. Henry Williams, donor, and his son

Before the city was districted, all ambulances answered hurry calls, a custom which often resulted in a race between the drivers to get the patient to HIS hospital. Billy Mahoney, one of the early drivers, thoroughly enjoyed his races, but felt handicapped because the drivers of St. Mary's could start right out on West Main Street while he had to lose time jogging around Prospect Street. One day, he could stand it no longer and ran his horses all the way up Main Street on the north side, so as to outdistance his rival, which he did. Later the city was districted, and still later it became incumbent on the ambulances to attend second alarm fires in their districts.

One of the newspapers wrote: "The team passed the Four Corners at a dangerous rate of speed and there was considerable scampering on the part of persons waiting for trolleys. Directly after the ambulance passed, a number of bicyclists started in hot pursuit and they in turn endangered the lives of those who had gotten out of the way of the ambulance. It might be wise to have a couple of extra policemen at the Four Corners on Saturday evenings." Yet elsewhere the paper warns against unnecessary hurry calls, saying that not long ago a hurry call had been sent in,

Present ambulance, latest of a series of motor vehicles

but before the ambulance had arrived at the scene the patient had walked to the hospital.

However, there were numerous accidents and in 1902 the Commissioner of Public Safety told them to curb their reckless driving through the Four Corners. "I request that hereafter the drivers of these vehicles exercise the utmost caution and not drive faster than a trot on streets where accidents to citizens or collision with other vehicles are most apt to occur."

One day, when Dobbin had reached the retirement period, the ambulance met with an accident and the driver telephoned to another hospital to take the call and at the same time notified Miss Keith. She at once suggested hitching Dobbin to the older ambulance, and with all the pent-up energy of the calls that had been denied him he dashed off and beat the other hospital, proudly bringing in the patient to the General. When no longer in the service he was pastured near the hospital and whenever the ambulance returned he would hurry over to the fence to watch the emergency entrance to see whether everything was being attended to all right. In 1913 he was still alive and had the proud boast that he had never been to the vet's. However, some light is

thrown on that by the fact that one of the nurses tells of Miss Keith coming to her and asking her to make an oversized flaxseed poultice to be placed on Dobbin's shoulder where a sore had developed. What other horse could have such expert care? His last pastures here were on Clover Street and we hope he finds his present ones still more pleasant.

Mrs. Warham Whitney gave the first motor ambulance in 1910 and there have been several since then, each, of course, bigger and better.

The oldest employee of the hospital in point of service (see page 174) as well as one of the most devoted and popular, is George Edmonds, who came to drive the ambulance in 1904. Ambulance service was no novelty to him for he had already driven for the Hahnemann, Homeopathic and St. Mary's and the Review mentions that the new driver engaged would "doubtless be excellent for he had succeeded in driving the spirited horses of St. Mary's without accident." This book would be more interesting if there were space for more reminiscences of his. He brought in patients from all the great fires or wrecks in this locality, the Granite Building fire (when he was at the Homeopathic), an explosion at Kodak when he had to make three runs with the horse-drawn ambulance, a Lehigh wreck during a G.A.R. convention, as well as the recent one at Allen Street and many large fires. He has brought in as many as eight patients in a load. He drove through small pox epidemics and the flu epidemic when there was constant day and night work, and student nurses rode the ambulances and helped bring in patients.

It is fortunate that some of the members of the original Boards lived until after 1909 to see their dreams fulfilled and realize that the penny pinching days of the hospital were over. The snowball of debt growing through the years was wiped out in 1893 by a subscription list circulated by Mr. Samuel Wilder and Colonel James Brackett, and never again was it to prove such a bugbear, although the efforts to avoid its re-occurrence were legion.

With Mr. Eastman's gift of $500,000 in 1909, a new vista of usefulness opened before the hospital, with possibilities of devel-

opment along research lines hitherto undreamed of. Mr. Eastman many years later wrote: "Rochester is well started on its way toward being the finest city in the world to live in and bring up families. As a place to earn and spend money, to maintain health, to obtain education and recreation, it stands unrivalled. All that I can see that it needs now among the fundamentals is a civic center and a modern system of municipal government. The citizens of Rochester have never shown any inclination to lie down on any great civic enterprise or to let others do it."

The following years, while made bright with anticipation, were fraught with difficulties in every branch of the service, for departments had to be shifted over night, temporary halls erected, makeshifts of every kind utilized and the noise, dirt and confusion lasted for the better part of four years. All this time the functions of the hospital had to be carried on with the least possible disturbance to the patients. It speaks worlds for the patience and resourcefulness of Miss Keith and Miss Jones and their assistants that this was possible.

The end of that period saw the hospital with fifteen up-to-date buildings, only three of which antedated the Eastman gift—the Nurses' Home, Hart Maternity Building and the Children's Pavilion, which had been fitted up for the O.P.D. It is interesting to note that the original walls of the main building were allowed to stand, were fireproofed and incorporated in the new building. The architects were Gordon & Kaelber.

Mr. Eastman made one request—that medical annexes should be erected to care for communicable diseases. These were opened in 1914. The need had been very great for many years, there being no place for patients with contagious diseases other than the old pest house.

The cost of operating these three buildings was very high—there must be a resident doctor, a matron, a supervisor of nurses and living quarters for the personnel working there, so prices had to be somewhat higher than in the main hospital. When planned it was thought that only diphtheria, measles and scarlet fever would be taken, but it was about this time that it became known

Hart Maternity Building, erected in 1907 in memory of Mr. James C. Hart.

that communicable disease germs were not airborne, so it was possible, by rigorous enforcement of surgical cleanliness to take cases of all communicable diseases except tuberculosis. One or two nurses evidently broke training and caught some contagious disease but there were no cases of cross-infection. The Annexes were operated for communicable diseases until it was felt that other city facilities made them unnecessary when they were turned over to other more greatly needed work.

On January 1, 1911, an event of great importance took place. By application to the State Legislature, the name of the institution was changed from the Rochester City Hospital (which it had never been) to the Rochester General Hospital, which was a much more apt description. Many other Rochester organizations have changed their names—the Homeopathic to the Genesee, the Hahnemann to the Highland, the Public Health Nursing Association to the Visiting Nurses' Association, the Mechanics Institute to the Rochester Institute of Technology.

In 1922 all the hospitals of the city were in need of capital expenditures and an exhaustive survey of the situation was made by Dr. Goldwater in order to ascertain the community needs and how best they could be met. The result of this survey was the United Hospital Campaign which was over-subscribed and permitted the General to enlarge the administration building to its present state of efficiency; to add Perkins Hall to the Nurses' Home, giving not only sleeping accommodations but the much needed class rooms, demonstration rooms and laboratories; and to build the new South wing with its offices, laboratories, operating rooms and the conference room, which was furnished and maintained by Mrs. Babcock.

In 1923 Miss Keith and Miss Jones resigned after their twenty-three year superintendency, during which the hospital had been completely transformed. Of Miss Keith Dr. Parnall said: "She is the outstanding woman in the field of hospital administration in America" and Miss Jones' influence, too, will ever be felt. Dr. Christopher G. Parnall came in 1924 as Medical Director, a position he held with distinction until 1945.

The only other campaign for capital expenditures was in 1929 which resulted, the following year, in the new O.P.D. building, a model of its kind, which permits the work to be carried on with a smoothness and efficiency impossible before.

The great storm of 1944, with its complete tie-up of transportation, posed problems for the hospital. A skeleton crew, sufficient to function adequately, walked to work, the marathon being won by the son of the pharmacist, who walked in blinding snow from Scottsville. Engineers and cooks were on the job as usual and the hospital kept these hardy workers (40 or 50 of them) right at the hospital for several days, so that the patients were almost unaware of the situation.

To write of the hospital during this period as if it existed as an isolated phenomenon, is impossible. It was but one, a very forward one—in the general march toward scientific advance in both cure and prevention. The emphasis has undoubtedly shifted from the former to the latter, and medicine looks ever to the time

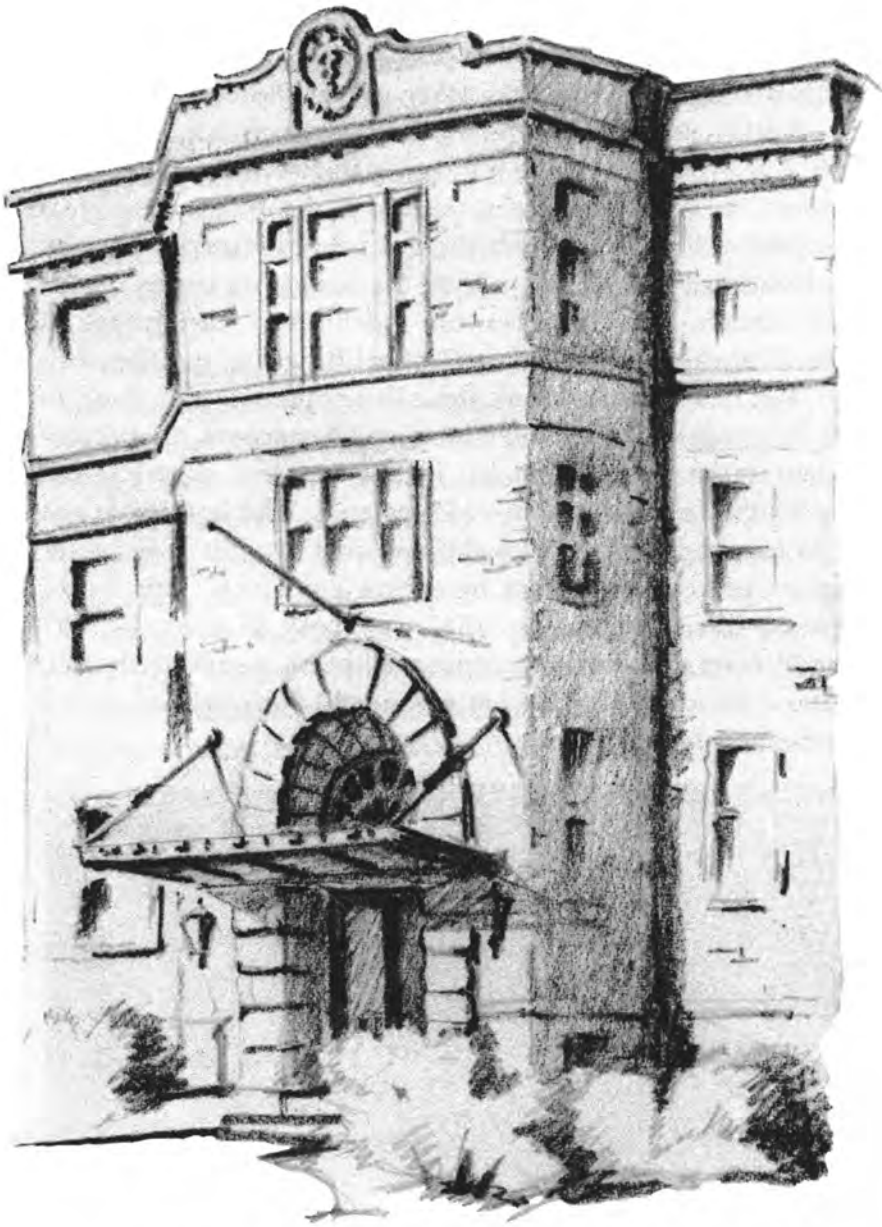
when, like that "dread disease appendicitis" and the usually fatal erysipelas, and diphtheria, typhoid and puerperal fever, many of our present illnesses may lose their terrors, prove preventable or controllable, or even that definite specific treatments or cures for them may be found. It is difficult for the layman to realize what a complete revolution (evolution might be a better word) there has been in medicine and surgery in recent years. It will be remembered that Lister did not write his great work until 1866, and that Pasteur did not start his study into contagious disease in animals until 1875.

Among the things which the past fifty years have contributed are the following: the development of the X-ray and its therapeutic use, the Wasserman test, knowledge of the syphilis spirochete, radium, vaccination against typhoid (in 1900 typhoid had fourth place in the mortality rates of the country), laboratory blood tests, metabolism tests, electro-cardiography, knowledge of allergies, the coal tar derivatives, the sulfa drugs, penicillin, transfusions and the storage of plasma, means of taking blood pressure, control of infantile diarrhea in summer which took so heavy a toll, control of tetanus and diphtheria and reduction in danger of scarlet fever, information which has made tuberculosis

Panorama of the Rochester General Hospital, 1914. At the left is the Hart Maternity Building

drop from first to eighth place as cause of death, control of many types of pneumonia, control of diabetes, knowledge of typhus and bubonic plague, African sleeping sickness, Rocky Mountain fever, malaria, hookworm and other insect borne pests, knowledge of deficiency diseases and all the information in regard to diet (the word vitamin came into being in 1912), the great gains in endocrinology with their promise for the future, the great developments in public health, the control of industrial diseases, the educational health campaigns, the health measures in our public schools—the list goes on indefinitely (the Editor is indebted for these statements to Dr. Carl Binger in his "Doctor's Job"). But to keep up with all these developments and those in hospital administration and education, has meant that every member of the organization has had to be alert, studying and doing his share in the nation-wide research. The hospital is not only fit to take better care of the sick patient, but it is better equipped to keep him from becoming a patient. This is not guesswork—life expectancy in 1847 was about 39 years, in 1897 about 48 years and today, according to recent mortality figures, it is about 65 years. The Rochester General Hospital has played a worthy part in this advance.

at right, Nurses' Residence. The whole central section and wings built from Mr. Eastman's gift



Troup Street entrance of the Administration building, erected in 1924

Support and Charity Work

It will be remembered that the Board of Managers said that if they were extravagant it was only in their charity. One cannot go over the old records without amazement at the extent to which this was true. The hospital has never limited free work to its income. No one has ever been refused for being truly unable to pay the amount asked. In 1905 when the hospital gave 10,500 free days out of a total of 35,370, this being 30% of the whole, we find the Lady Managers exclaiming that they hope to be able to increase their charity work, and at a doctors' meeting the same idea was voiced: "It is this charity work that makes the hospital poor. This is as it should be. The matter is one for pride and congratulation, not for regret or complaint." Year after year the records give 30%, 33% or 35% of the work as being charity BESIDE the loss on each patient who paid in part for his care, and the deficit on city and county cases.

While at no time a municipal hospital, the hospital has at all times cared for cases that were city or county charges. We have seen that at first the remuneration for this was $1.25 a week. This rate was slowly advanced through the years, there being a constant effort on the part of the hospital authorities to have the city pay the cost, although the city objected because patients could be cared for a few cents cheaper at the poorhouse. Even as late as the turn of the century, the rates were as follows: $7 a week for the first eight weeks, $5 a week for the next eight weeks, $2.50 a week for the next ten weeks and thereafter $1.75 a week. Now, when each patient costs the hospital an average of over $10, the

city pays $7 a day. It will thus be seen that the more patients the city sent in the past and the longer they stayed, the greater the deficit, and there has always been a differential which has had to be absorbed by the hospital.

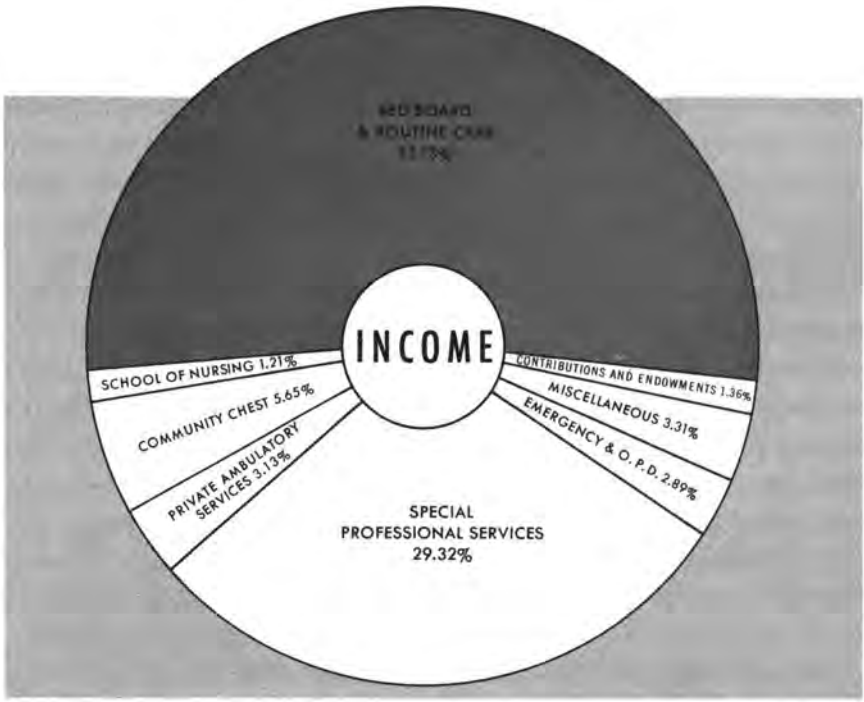
On the other hand, city cases are an advantage to the hospital for they offer a wealth of clinical experience and it must ever be kept in mind that the hospital is an educational institution as well as a curative one. Unless young doctors and nurses can have a broad clinical experience they cannot be trained adequately. From the research point of view, the variety of cases that come to the wards is of utmost importance: not that they are in any way treated as human guinea pigs, as so many seem falsely to believe, but that the wider the variety of cases under observation, the better is the basis for research, whether those cases are in the wards or in the most expensive private rooms.

There are three general groups of patients at the hospital: there are 146 ward beds, 106 semi-private beds and 89 private rooms, in addition to 63 bassinets in the different groups. THERE IS NO DIFFERENCE IN NURSING CARE IN THE DIFFERENT BRACKETS OF HOSPITAL CHARGES. A very interesting case of which we read in 1915 was that of a "baby who came to our door in his father's arms: 'Eyes sore,' said the father, and so they were. They were swimming in purulent matter and loss of sight was imminent. Ice cold applications were made to the baby's eyes every TWO MINUTES for three days and three nights, two special nurses being assigned to the task. Then for 19 more days and nights one eye was treated every half hour, and after that at gradually lengthened periods until at the end of four weeks, the child was discharged well, without loss of sight. The father said, 'All right,' and gave the hospital $6.00 in payment, which was all he could afford." Thus, many a ward patient has more hours of nursing than those in private rooms, simply because his case requires it.

In 1919 a new chapter in hospital finances opened with the formation of the War Chest, which later merged into the Community Chest. Probably no Rochesterian needs to be convinced of the advantages of a Community Chest, for they are so obvious

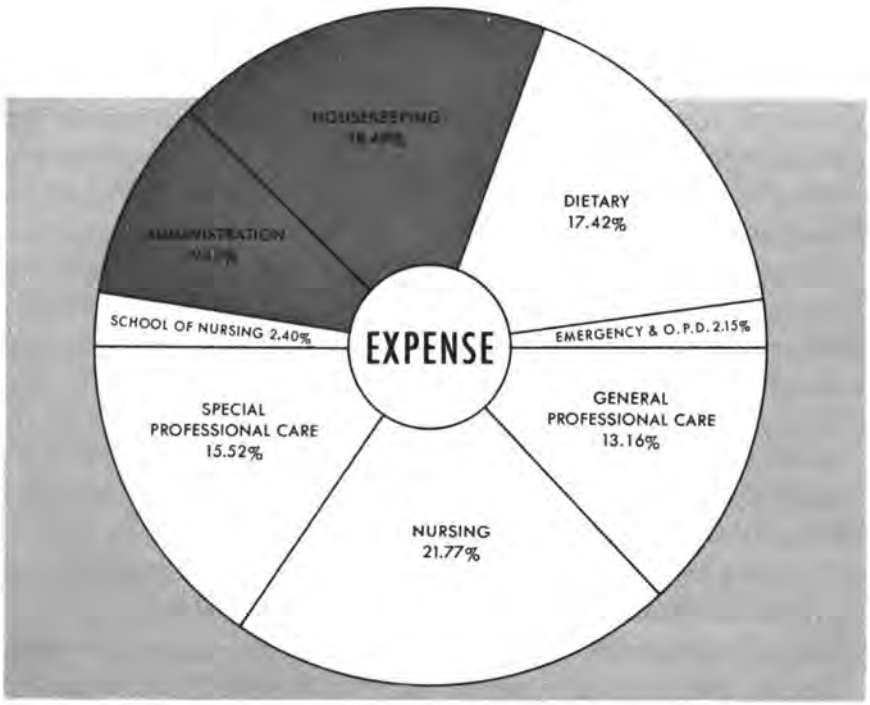
—elimination of constant calls for each local charity, efficiency in solicitation and collection, sharing of the burden more equitably, oversight by our leading citizens of the budget of every participating agency, and the publicizing of the community services. We doubt if anyone could be found who would prefer a return to the older methods. The ideology of philanthropy has changed and it is realized that community services are a community charge for which every citizen should be responsible. The bowl-of-soup era has very definitely passed and streamlined efficiency has taken its place. However, it would not be fair to deny that there is another side to the picture and that all those gains are not without concomitant losses. First and greatest of these losses is that of personal interest. Money, in the last analysis, is stored-up labor—your savings are part of you and your work, stored up in a more convenient form in bank balances and investments. The boy who cut grass a whole hot afternoon that Billy Gould could have a brace on his deformed leg, had infinitely greater interest in his investment therein, than he has now in the check he writes at his desk and sends to Water Street to be applied to any one of the community services. "The gift without the giver is bare" may be old fashioned but it is not without psychological basis. The hospital is fortunate, above most philanthropies, in having the Twigs and Aides somewhat to offset this tendency toward the impersonal.

While the large appropriations of the Community Chest have made possible greatly improved service in every branch of the hospital, they are based on deficits and they do not permit of adequate maintenance and repair, so that gradually arrears for this purpose increase and the ounce of prevention not being possible, the pound of cure of buildings and equipment becomes necessary, and capital expenditures loom. The preventive work which the hospital does is of even greater value to the community than the curative. The O.P.D., X-ray, metabolism, laboratories, electro-cardiography and social service are among the most expensive departments maintained, yet they are largely directed toward keeping patients OUT of the hospital, and well.



Graphs showing in percentages the income sources and disbursements. Shaded areas on

A new element has been injected into the hospital with the founding in 1935 of the Hospital Service insurance plan, which has greatly augmented the number of semi-private patients at the same time that it has cut down the demand for ward accommodations. Even before that day it had been found advantageous to divide most of the big wards into smaller units of four beds each, because the demand for accommodations had increased and for greater efficiency in care. A nurse can care for four patients in one room better and with less waste of time in a semi-private ward than she can in four rooms. In many cases, too, where a patient is apt to be lonely and, therefore, blue, it is much better psychology for him to be with others. This trend has exhibited itself all through the country and is not confined to this hospital. Without hospital insurance, the demands for ward care would be very great, but hospital service cases are all semi-private unless the individual wishes to pay the difference himself and have a private room. It is not generally realized that it costs the hospital more to care for a semi-private patient than the hospital-



the charts show services comparable to those of a hotel—the rest are purely professional

ization insurance pays, a loss which also must be absorbed by the hospital. The insurance company pays $8.50 a day while the cost is in the neighborhood of $10. The patient in a private room is the only one who pays the cost of his care. It has been asked why a hospital is always in the red when a hotel makes money. The answer is very simple: 27.5 cents of every dollar of hospital cost goes into services performed by a hotel, but of that dollar, 72.5 cents goes into purely professional services for which the hotel has no equivalent. In comparison with other hospitals of like caliber, costs have always been held down as far as the best service allows. The administration has always believed that "considerations of moderately increased cost should have no weight whatsoever when we know the lives and comfort of our patients to be at stake." In 1887, when comparative costs are first available, New York hospitals cost $9 a week, Massachusetts General $11.99 and the Rochester City Hospital—$6.38.

The records today do not show nearly as much free bed work. It has been placed on a more dignified basis in that people are

expected to pay as nearly the cost of their treatment as they can, and a self-respecting citizen prefers it that way, but there is plenty of service which is not paid for even though the free work has been reduced. There is a deficit on every patient except those in private rooms as well as on every call in the O.P.D. At the top of every ward bill is the statement "Medical care . . . . no charge." Every patient in the hospital is now paid for; some pay for themselves, some are paid for by the city or county, some by some organizations, some by state funds or such foundations as the national one for infantile paralysis, but in all cases the hospital foots a loss which has to be met by some other means—the Community Chest, endowments, or private charity.

Probably no criticism of the hospital has been heard so often ever since it was founded as the one that payment is one of the first considerations when a patient enters. Care of the sick is never delayed five minutes by admission questions—if a man is injured, he is cared for first and investigation is made afterward. But a patient or his family has a right to know what he is to pay, at the beginning of his stay rather than at the end. It is only the ultra rich who engage a room at a hotel without inquiring its price. If a man knows he will have the best the hospital can offer wherever his resources place him, he will be better satisfied. Moreover, it would be decidedly unfair to the paying patient, the volunteer workers, the staff, and the donors if a man is placed in one of the limited number of ward beds if he can pay for either a semi-private or private room or have his own doctor. Even fully paying patients are accepting charity in a certain sense because no charge is made for anything but current expenses and the whole capital expenditure of plant and equipment given through the years do not appear in what he pays, nor does any depreciation. At present costs it has been figured that a 500-bed hospital cannot be built for less than $6,000,000.

It is true that hospital costs have risen almost perpendicularly, owing partly to higher costs of everything, but especially to the higher standards of care of the sick. When it was opened there were two untrained nurses, now there are 113 pupil nurses of

whom even the probationers are better trained than early graduates and about 150 graduate nurses, being paid a much higher wage than even private nursing provided ten years ago. In the early days there were five employees, today there are 1.27 whole or part time workers per bed, based on the present capacity of 387 beds. Before 1901 there was no laboratory, now every patient has a varying number of tests in that department. The highly specialized equipment in surgery and the work which sterilization, anaesthetizing, dressings, etc., make, means a highly increased cost for every operation; there are electro-cardiograms, physical therapy, photographs and X-ray. Dietary experts are needed and everyone knows how costs of food, fuel and labor have jumped. All those expenses must be met somewhere. Miss Keith said in one of her reports: "The hospital in dispensing and distributing the bounty of others tries to do it in a humane, efficient and economical manner."

It has been said that the trouble with the country today is not so much the high cost of living as the cost of high living. Without wasting a penny, the standards of hospital care are so high that the cost is soaring. There is, however, one consideration which should not be lost sight of. The average stay in the beginning was 71.8 days with many staying several years—(one old blind man had been here seven years and finally drowned himself in the cistern!) At the end of his stay, a patient returned to his home for a long period of convalescence before he could hope to go back to work. Today, with the miracles of modern medicine and surgery, the average stay of a patient is 8.6 days and the period before he gets back to production is relatively short. With wages at their present standard, one wonders if the shortened illness, the more perfect recovery and the rapid resumption of work does not largely offset the cost of the few days he has to spend in the hospital. Morrill has stated that in 20 years the death rate and the hospital stay have been cut in half. Improved procedures call for expensive apparatus and specially trained personnel which add to the cost. But since the stay has been halved the cost per patient is about the same.

Quoting Dr. Goldwater from an address he made in 1938: "A balanced hospital budget may be something to be proud of or it may be a callous testimonial of unfelt shame . . . The hospital administrator who administers his hospital in the best interest of the patient; the administrator who can demonstrate that in both quantity and quality of service his hospital is beyond reproach, may well take pride in his achievement."

Although Rochester has always stood loyally behind the hospital, it has a very small endowment, amounting all told to $663,500 and bringing in, at present interest rates, $17,350.44. Sometimes strings are tied to the gifts, sometimes they are unrestricted. In 1904 a bequest was made to provide feather beds for the hospital. No feather beds could be found and the hospital signed a release to the executors. Under existing conditions, it seems hopeless to try to increase the endowment materially, for the greater it is, the less the Chest gives. It is generally believed that the Chest supports the hospital. The allotment in 1920 was $143,527.59, in 1935 it had dropped to $74,125.36. Last year the hospital was allotted $84,471.00, which was less than 10% of the total expenses.

It has been said "A hospital is an expression of the community's attitude toward its social responsibilities, so that it must be run in a way to justify the community's confidence." The Rochester General Hospital is so run.

ALUMNAE

In 1891 there were seventy-seven graduates of the training school and they decided there should be some central registry through which doctors could contact them. They banded together in a "Trained Nurses' Association" which was changed five years later into the Alumnae Association "for the purpose of maintaining a directory and for their own interest." This was the first registry in the country to be started, financed and controlled by an alumnae body. At first it was maintained in the hospital, with an alumna as registrar and then it was moved to various locations and later opened to graduates of other hospitals. In 1912 the central directory under the Monroe County Registered Nurses' Association was established in the club house at 45 South Union Street and somewhat later the registry of the General Hospital Alumnae Association was merged with it.

It was a graduate of this school who started hourly nursing in Rochester. Miss J. J. Cunningham in 1895 read an article in "The Trained Nurse" asking two questions: "How shall we provide more work for our nurses? How can we provide nursing skill for those who cannot pay $25 a week?" She canvassed a number of the Medical Staff and started taking cases by the hour. This was later developed so successfully by Miss Ella Hollister and Miss Sercombe of this hospital and Miss Harp from Homeopathic that it was undertaken on a larger scale by the Registry. These early experiments undoubtedly were forerunners of the Public Health Nursing Association (now the Visiting Nurses' Association) founded in 1919.

With the graduates of other Rochester training schools, the alumnae founded the Monroe County Association of Registered Nurses (the first county organization of its kind in the country),

which later changed its name to Genesee Valley Nurses' Association. It is District No. 2 of the New York State Nursing Association and of the American Nursing Association, so that in joining the local body, the nurse becomes a member of all three.

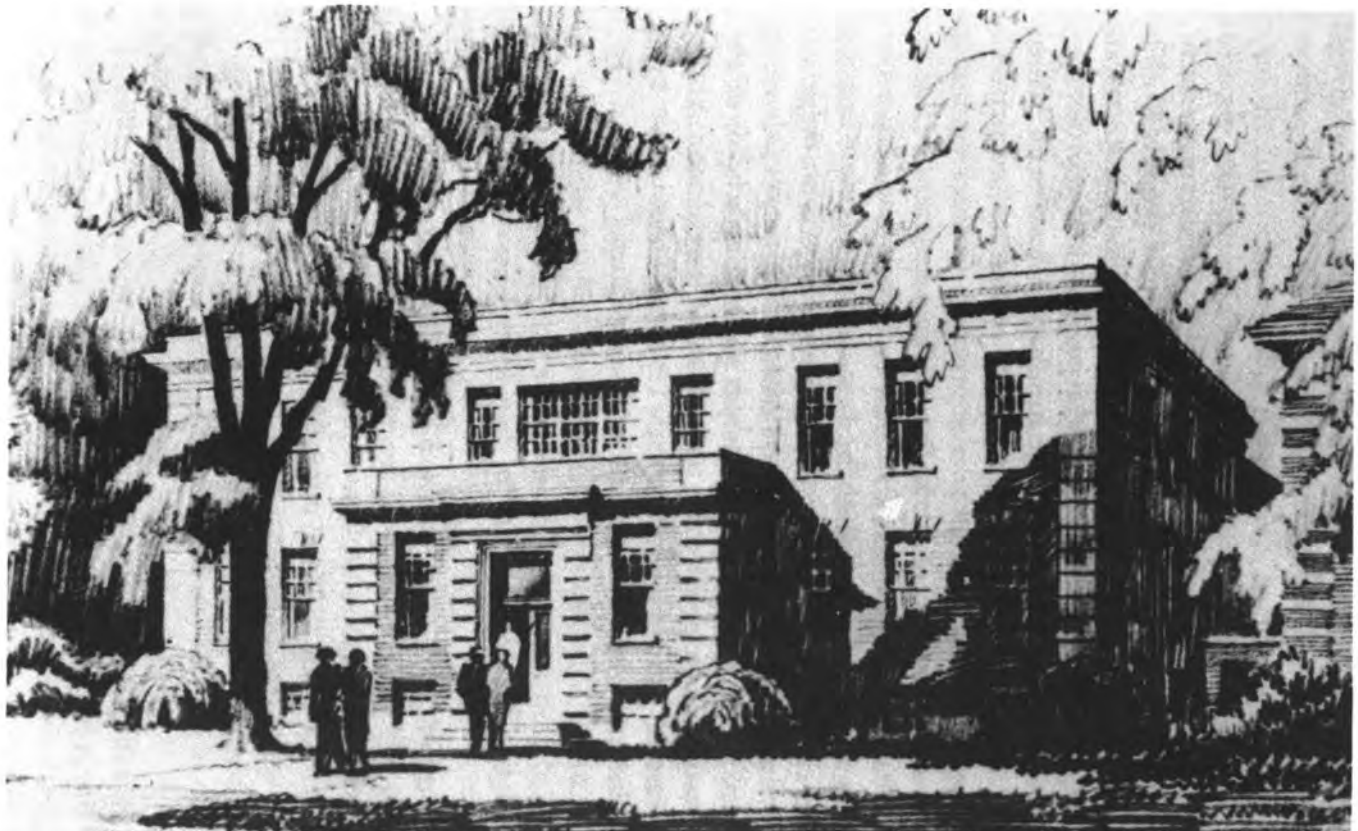
In October, 1902, the New York State Nurses' Association met in Rochester with headquarters in the Nurses' Home and with the alumnae acting as hostesses. The meeting was historic because it formed the flying wedge which ultimately forced the passage, the next year, of the Armstrong Bill, which placed all training schools under the University of the State of New York and arranged for the examination and registration of nurses graduated from accredited schools. It was a great step forward in the profession, for it meant that high standards would be maintained and that the nurse who had spent three years in training would be protected. Miss Palmer did more for this end than any other one person and it was her speech and one by Susan B. Anthony at that meeting that were largely responsible for its enthusiastic support. By taking her place on the Board after its passage, Miss Palmer set its wheels in motion and started its proper functioning. The Bill has served as model for all other state laws on the subject. The meeting was historic, too, in that it gave the profession an awareness of its own strength, and practice in securing its aims, such as the fight for pay and rank in the army and navy.

In 1906, fifty of the alumnae founded the Nurses' Volunteer Benevolent Association to carry on free work among the poor. Each member made a subscription and undertook to serve as a visiting nurse one month for $50 when her turn should come. It was the first organization of its kind conducted and supported by a group of alumnae, anywhere in the country, and it did a fine piece of work for several years until the field was covered by other philanthropies.

In 1922 the alumnae started a monthly magazine of their own which had a successful history for thirteen years and did much to hold the alumnae together. They also supported a scholarship for advance study. The first club rooms for the alumnae were at

32 South Washington Street, where they held their meetings until they acquired their own club house at 37 North Goodman Street in 1919.

Of the part the alumnae took in wartime activities, we will read in the story of Hospital No. 19, but even that stirring account can give no picture of all that the graduates of the school did. Their service flags boast thirteen stars in the Spanish-American War, eighty-four in World War I with one gold star representing Mary Agnes MacKenzie, and one hundred and seven in World War II. They have played their part in epidemics and national catastrophes, a few having had the privilege of working under the personal direction of Clara Barton. Less spectacular, but no less valuable, was the work of those who, having given up active nursing, rallied to the call of the hospital and civilian nursing during the difficult war years when personnel was so depleted. Then, indeed, the hospital learned anew the immeasurable value of a devotedly loyal body of alumnae. A training school, in the last analysis, is judged by the type of nurse it graduates. Surely the years of the General Hospital Training School have been well vindicated in its more than 1,300 graduates.



The Out-Patient Department building erected in 1929

Out-Patient Department

IT HAS BEEN SAID by some authorities that the Out-Patient Department of a hospital shows better than any one thing the quality of the Staff. The story of the work of the doctors in that department is in far abler hands than those of the editor (see page 209), so this chapter will be purely supplementary to that account.

The doctors had treated ambulant patients gratuitously in the hospital itself ever since its founding, especially opthalmic patients who did not need hospitalization, and Dr. Charles E. Rider and Dr. W. S. Ely had been so eager to start a separate department that they had even had plans drawn up, but the lack of funds prohibited the expansion. Mr. and Mrs. Magne had been pioneers in the little community, coming here in 1812 and being charter members of the First Presbyterian Church. They gave their pew there to the Female Charitable Society when they moved away. Their daughter, Mrs. Jewell of Vineland, New Jersey, had always had a fondness for the place, and in 1888, having talked with Dr. Ely and Dr. Wheelock Rider, she offered the hospital $3,000 for the erection of an Out-Patient Department, in memory of her husband and her parents. The site chosen was to the south of the Children's Pavilion and Mrs. Jewell herself helped turn the first spade of soil. It was dedicated in October, 1888, and immediately proved its worth. In the Review of January, 1889, the report of the first partial quarter shows 180 visits to the medical clinic and 270 to Dr. Wheelock Rider's opthalmic clinic, and seven operations on the eye.

The growth of the department was so rapid that Mrs. Jewell gave money for an addition in 1891. The doctors were aided

always by the nursing staff, and student nurses received a valuable part of their training there. Its work was especially dear to the hearts of Miss Keith and Miss Jones, who gave to it unstintingly.

In 1922 there is for the first time a mention of charges. At that time people who were able, paid $.25 for a first visit and $.10 for subsequent visits, prescriptions being filled free of charge. This revenue amounted to $2,000 against a cost of $20,000, taking no account of the services of the Medical Staff. A little later it was found that medicine often was not called for because people thought that since it was free it could not be much good, so prices were raised to $.50 and $.25 and later to $1.00 and $.50, with medicines and X-ray at cost or less. In 1935, Dr. Parnall was able to convince the Temporary Emergency Relief Administration officials that it was illogical to provide fuel and food and deny medical care. Rochester was selected as the city in the state in which to start a system of payments by the city and state for out-patient fees for welfare patients, who comprised half the number attending the clinics. No one needing medical care and unable to afford to go to a doctor is ever sent away, but now, instead of absorbing the whole cost the hospital is reimbursed in part, either by the patient himself, the city, the state or some one of the philanthropic agencies who referred him to the hospital.

Patients on leaving the ward are given an appointment for return to the O.P.D. for a check-up. Pre-natal clinics form a valuable part of the work. The record made at that time is continued through the obstetrical department and then through the well baby clinic to which mothers are urged to bring their babies regularly and a complete health record is thus kept of a child from its conception to its entrance into school when the complete record is sent to the school to be continued by their health authorities.

Early records were kept in a large ledger but since the installation of the records division, the medical records are filed there and sent to the O.P.D. to be ready for all appointments. Miss Lowry, when she came to head the social service department was asked to take over the O.P.D. too, so that for a time both

CHARLES C. RIDER, M. D.
First specialist on the staff, 1866-1909

EDWARD M. MOORE, M. D.
One of the original incorporators

departments were administered by one head and it was not until 1935 that they were again separated.

The O.P.D. is a tolerably accurate barometer of prosperity. In 1890 there were less than 3,000 visits, in 1897 a high of 11,000, followed by a big drop and then a gradual rise year after year to 74,000 in 1934. Last year there were only 22,030. Economic reasons are not the sole cause of the rises when they occur. The increased knowledge about health and disease; the realization that the individual might better care for a slight ill than run the danger of a serious one; and the educational work of various groups of public health nurses reaching into homes, schools and factories, have all been determining factors. At first there were two clinics but by 1926 there were 24 different types of clinics holding 52 sessions each week. There are now 32 clinics.

In 1910, having outgrown the original building, the Children's Pavilion was remodeled for the use of this department, the children being moved to building S until they could have their fine new quarters in the West Wing. Here the O.P.D. stayed until 1929 when work was started on the present building (designed by Dr. Parnall) into which they moved the following year.

The O.P.D. gives valuable training to the student nurses and internes; it serves the patient for, by preventive work, he is often able to avoid a long and costly illness; in caring for the ambulant patient it is often possible to keep the home together; it serves the hospital for it often avoids the necessity of in-patient care in the lowest brackets where the drain on the hospital is greatest; and it saves the community the cost of in-patient care and improves the general health by preventive and educational work.

From the early days of the department, student nurses were assigned to assist the doctors under the direction of the permanent nursing staff now headed by Mrs. Nina A. Olin. The educational advantages of this work were realized and the school of nursing has increased the number assigned to this department and the length of their stay there. Here the young nurse has a chance to develop ability to deal with people, to acquire resourcefulness and to learn much concerning the social and economic conditions of the patients whom the hospital serves.

The Staff and nurses are assisted by volunteer aides, many of whom have served for many years in the department and are invaluable to it, as actual assistants in the work and in creating a friendly atmosphere which largely offsets the anti-hospital prejudice which so often lingers, especially in the minds of the foreign-born, for whom language forms a barrier to understanding.

Social Service

MEDICAL social service is a comparatively new development in hospital history, though one wonders how an institution functioned smoothly without the social worker. There had been district nurses in the Boston City Hospital as early as 1886 and in 1894 the New York Post Graduate Medical Hospital sent out a woman physician to visit the homes of some of their poorer patients and gave her funds with which to buy necessary milk and other staples. But it was not until Dr. Richard Cabot saw the need and started the work in Massachusetts in 1906 that the movement actually got under way. How rapidly it has grown may be seen from the fact that by 1920 three hundred hospitals had social service departments, and ten years later, over a thousand.

The social service department of this hospital, although housed in the Out-Patient Department, is an entirely separate organization serving the in-patient of all economic brackets as well as the out-patient. It was started in 1909 by the appointment of Miss Ella Hollister as a friendly visitor and she carried on the work as the Grace Loomis nurse until 1911. At that time, Miss Rebecca Oliver was appointed as visiting secretary who served for five and a half years and whose reports give fascinating sidelights on the home service and the friendly visiting she did. She was followed by Miss Mary Laird, a graduate nurse as well as a social worker, whose work was outstanding.

For seven years the cost of this department was carried by a friend of the hospital and at the end of that time, having overwhelmingly proved its worth to the hospital, the doctor, and the patient, it was taken over by the hospital as one of its most valued

departments. For a time it was administered by the head of the O.P.D. as a branch of that work, but its work is essentially different in purpose and means employed, and the only reason they had been administered together was lack of personnel and the fact that Miss Lowry's interests and training suited her for both departments.

The social service department does not do nursing. It consists of five trained social workers, headed by Miss Anita Marra, most of whom have advanced degrees. It might be easier to answer the question, "What do they do?" by asking another, in Yankee style, "What don't they do?" The average of patients served is about 450 each month.

In the olden days the family physician knew the background and environment of his every patient and could treat his mental anxiety and give him reassurance in his problems while treating him for his bodily ills. That type of work is impossible today because of the specialties in modern medicine and the pressing nature of a doctor's work. Often a patient is being cared for by several doctors at the same time. Yet the best of medical care is often vitiated by worries and frustrations. The doctor, nurse, financial office, or a friend may call in the social worker. She visits the patient in the hospital, learns his home situation and is often able to clear his mind of the worries that are holding him back. She may contact his employer and learn his job is being held for him, that the welfare agency is caring for his family, that a settlement is keeping an eye on his children, or she may be able to straighten out domestic difficulties.

On the other hand, the hospital may need to be interpreted to the patient. Many fear the hospital and dread an operation, particularly the foreign-born. For instance, a woman comes into the O.P.D. with a broken arm. The doctor sees a small tumor which should be removed and urges hospitalization. Full of anti-hospital prejudices, the woman postpones again and again and finally refuses. The social worker goes to see her several times and gradually breaks down her reserves and wins her consent, and a situation which might have proved fatal is averted.

Pediatrics in O. P. D.

Sometimes both patient and hospital need to be interpreted for the assisting agency. A welfare case leaves the hospital after an illness and the social worker reports to the Welfare Department that "A" is a cardiac case and will not be able to undertake anything but the lightest work, or that "B" has had an appendectomy and after two weeks he will be as good as new, or that Mrs. B needs a special diet or that little Billy must have corrective glasses. If the patient is a semi-private patient that information may be sent to the factory where he is employed. A cardiac patient would revert to a serious condition if he did not follow his medication; his wife must be convinced of the need for this, the doctor must be informed that he is a manual laborer, the patient that he must give up his pick and shovel, and the employer that he must be given lighter work.

The social worker follows up any broken appointments in O.P.D. in order to make sure the patient has the full care needed,

for often the patient stops coming before the cure is complete. A woman brings in her child suffering from rickets. He improves under hospital regime and returns well but the mother forgets or ceases to bother with the dietary regulations she has been given and there is soon a return to former conditions, or there would be, were it not for the social worker who has followed the case and proves to the mother the need for continued watchfulness.

Every ward patient when discharged is given an appointment in the O.P.D. for a return check-up. It is important that these be kept, to make sure the cure has been completed. Sometimes it is difficult to accomplish this. The social workers follow up broken appointments by mail and then by home visits, urging the patient to see the doctor again.

When the patient is ready to leave the hospital, the social worker can be of service in finding out whether home conditions are conducive to successful canvalescence, or making arrangements with some nursing home, or, in chronic cases, breaking down prejudice against transfer to the county hospital. In case of death she will do many kindly and helpful things for the family.

Take the case of a woman operated on for cancer; the worker arranges for the V.N.A. to care for the dressings, tells the Department of Public Welfare she cannot do housework for the present, sees that she comes in regularly for her check-up and makes arrangements with the Volunteer Motor Corps to bring her in.

In cases where glasses, special appliances or expensive medication is required she arranges for it, having it paid for by an agency or in small payments which the individual can meet.

Not long ago a woman, about to be married in a distant city, wrote in saying that she had been born in the hospital twenty-two years ago; her mother had since died, could the hospital give her any clues to find her father or a brother she had never seen? The social worker, by contacting other social agencies and the hospital files was able to write her her father's former address from which she could trace him, and that the brother, once cared for at the Shelter, had lived with such and such a family, in a nearby village.

Possibly a better way to tell what the worker does, is to say

that she is a friend to the patient in every possible way. She sees him in the hospital or in the O.P.D., she goes to his home, she is interested in the health and education of his children, she can direct him to whatever social welfare organization can best help him, whether with a job, training, money, or advice, she knows his problems and helps him to have confidence in himself to meet them. She may have to help him readjust his life to some physical handicap. She also serves every agency in town by taking over their cases while they need hospital care, reporting back to them and acting as liaison between the individual and society. Full records are kept by the department and on the hospital record is the notation "Social service record available" so that the doctor can have the benefit of their knowledge.

The department also has a hand in the training of the student nurse, bringing home to her, as no other work can, that the patient is a person before he is a case, a person who is the result of his heredity, environment and training, and who cannot be successfully helped unless that background is taken into consideration. The workers hold classes and take small groups of nurses with them on some of their visits. It is of value to the nurse, too, because she will know more about social agencies and in her future work will be able to direct and advise those who may need help.

This work perpetuates the personal relations which the smaller hospital was able to have in the early days with the relatively lesser number of patients who entered its doors. It is interesting to note how this service, so modern in its approach, so streamlined in its efficiency, so trained in its psychology, operates to supply the very things which the "Ladies" by their personal interest and ready, if sometimes misplaced sympathy and understanding, gave to their charges in the early years.

Financially, of course, the department appears only on the debit side of the ledger, as its services are purely gratuitous, but perhaps no other is of more value to the hospital. *Mens sana in corpore sano*—who can say which is more important?

Dr. John R. Slater has said: "To live daily among crises, whether as doctor, nurse or clerk, makes the right sort of person

kinder and the wrong sort crosser." Miss Keith once said: "The social service department increases the efficiency of every other department." The social service department, while it does quietly its great work, is the best sort of public relations agent the hospital has.

DIETETICS

EVERYONE is interested in food. There is a fascination about the kitchens with their shining huge receptacles and the latest labor saving devices, to say nothing of the succulent food prepared.

When the hospital was started the kitchen was on the south side of the main building and in it was a large range; over this domain reigned a single cook, who also did nursing and scrubbing, at a salary of $2 a week. When the Board of Managers took over the management in 1875, one of their first acts was to stop the order for bread which had all been made outside, and to install a baker, Joanna, to rule over a large brick oven which they had built at a cost of $365 in a room to the east of the kitchen. Her son, who was known as an "imp of Satan," slept in the men's surgical ward!

The first diet kitchen was established in 1882 and after the training school was started, every student had to work at least one month there, practicing the invalid cookery which she had learned at the Mechanics Institute. Student nurses had dining room duty in the old days when, for six weeks at a time, they waited on table, washed dishes and scrubbed dining room floors.

The Review states: "The art of cooking is a very important branch of the instruction received by the trained nurses during their two years' course at the City Hospital. A dish nicely cooked and daintily served will often tempt the appetite of an invalid and contribute materially to convalescence," and then goes on to quote Ruskin on the subject: "To be a good cook means the economy of your great-grandmothers and the science of modern chemists; it means much tasting and no wasting. It means, in fine,

that you are to be perfectly and always ladies (loaf-givers) and you are to see that everybody has something nice to eat."

The dietary department today consists of fifty employees—Miss Marian Jones is chief dietitian, having followed Miss E. M. Winger, who held the post for twenty-two years. The department has a triple function—its members see that the patients are served adequate, attractive trays of well-cooked food, and that those on special diets have whatever the doctors order for them; they teach student nurses cooking, nutrition and diet therapy, and manage the diet kitchens, and teach special diets to both in-patients and out-patients; they feed the entire personnel of the hospital four meals (including the supper for night nurses) with delicious food in the pleasant cafeteria at prices that amaze the visiting housewife, and also serve about 700 special meals a month such as doctors' conferences and committee meetings. To cover these many functions the department is sub-divided into Diet Therapy and administration.

It is hard for the layman to understand the complications of serving over half a million meals a year, most of which have to be specially prepared and served at the bedside for the individual patient, a difficulty which the hotel does not have to meet. Since 1926 a printed menu for the following day has been delivered every morning to all patients (except in the wards) upon which they check their preferences. These are collected and counted to know how much to prepare, so as to minimize waste. The menu is the same throughout the hospital floors but the private patient is offered choices, while the ward patient is not.

Formerly there were special dining rooms for doctors and supervisors and for non-professional employees, but due to war shortages of personnel they have both been eliminated and all eat in the same cafeteria—doctors, graduate nurses and salaried personnel buying their meals here at cost. It is a pleasant room, with sound proof ceiling and attractive hangings and looks its best during the Christmas season when the Fourth Twig furnishes greens and candles.

Perhaps the blackest moment in the kitchens was in 1912 when

the entire equipment, including ranges, refrigerators and dishwashers, had to be moved overnight into new quarters and breakfast served as usual the next morning at 6:30. It was a feat of which Miss Little might well be proud. The situation was almost repeated in 1942-1945 when, after calling in a special consultant, the whole set-up was overhauled and modernized. During that period, when floors, ceilings, wiring and walls were under construction and the whole place full of workmen, meals were served ably and promptly as usual.

The purpose of the diet kitchen was originally to teach the students the planning, preparation and serving of invalid food, but with the increased knowledge of nutrition and its place in the treatment of disease, they have become excessively busy places, as is the formula room where all the baby formulae are made up.

In 1928 there was opened a regular course in hospital dietetics for graduate dietitians (consisting of one year's work) approved by the American Dietetic Association. This was discontinued in 1936, in favor of a co-operative three years' course given by the Rochester Institute of Technology in which students alternate between the school and the hospital in four-week periods. This educational work is, of course, in addition to the training of the student nurses.

In 1894, the first steam table was introduced to carry food to the private rooms in the mansard. Now all food is sent to the floors in electric conveyors heated at the top and chilled at the bottom. These are plugged in when they reach the serving pantries, of which there are fourteen. Here the nurses put the food on the trays which have been set up before, with name and menu on them, and rush them steaming to the bedside. In addition, diet helpers take all nourishments and ice to the floors, and bring down trays, trucks and garbage. Nurses in the diet kitchen check trays for uneaten food and a record is kept. In the case of diabetics, all returned food is weighed and available glucose is figured and replaced. Everyday the hospital uses 460 quarts of milk, 12 quarts of chocolate milk, and 15 quarts of cream.

During the war the shorthanded workers had the greatest

help from the dietary aides, trained in the canteen classes of the Red Cross, who served under Mrs. Alfred Hart. Without them, the work could hardly have been carried on between 1942 and 1945. There were also several men who volunteered to wash dishes every week-end.

The department feels keenly that to have food appetizing and attractive adds greatly to its value and meals in the hospital should be, and are, events for anticipation and pleasure.

Aide Service

IT HAS OFTEN been said that it is only at the moment of our greatest need that we discover our latent resources. So it has been with the hospital. It was in 1918 when hospital personnel was most depleted by war services that the flu epidemic came to Rochester. Those who lived through those dread days can never forget them, those who did not, cannot conceive of them. Fifty of the 150 nurses (45 off duty at once) came down with it; the operating rooms were closed except for emergency cases; beds put up anywhere; floors cleared for it. Many Rochester nurses had gone east to fight the epidemic there, so the city was caught short-handed. Where to turn? Miss Keith asked Mrs. Mills and Miss Hamilton to see if they could get some volunteers from the Twigs for traffic and messengers, which they did most ably. In the meantime, some of the Board and their daughters came in and worked, some full time, some several hours a day, pinch-hitting and doing every sort of service that came to hand.

The day of the volunteer had come, though no one realized it and thought it was just a passing phenomenon brought on by the crisis. They could be seen in all parts of the hospital, doing all sorts of things. It was then, in order to co-ordinate all these efforts, that Miss Keith asked Mrs. Marian B. Baker to try to organize these various helpers and see if they could be kept on, so well had they acquitted themselves.

This was an historic event, not only in the hospital but also in the national picture, for 153 hospitals all over the country have corresponded about the plan of hospital aides and have copied the Rochester General Hospital plan, and it was largely the fact that these many groups had proved their worth which broke down

Hospital Aides delivering flowers

the prejudice against volunteer help in hospitals. If they had their basic training under the flu epidemic, they had their baptism of fire under the United hospitals tonsil-adenoid clinics in 1921.

It was a tremendous prejudice which had to be broken down. Originally no tenet could be more readily agreed upon by doctors, nurses and administration than the old one that volunteers could not be depended upon. Like the seed upon stony ground they would not last. But they did. By taking first the simplest duties and assuming more important ones gradually as called upon, they have become so integral and valuable a part of the hospital that their loss would be irreparable. The success of the whole movement has been undoubtedly the original training of each aide and her understanding of her function—to give the hospital non-professional human service on a part-time basis. On the front page of the handbook given her is the pledge to which she subscribes:

> "Hospital aides stand for service; service to the hospital and to the community. We recognize the need of regular and prompt attendance, of courtesy and alertness, of attention to dress, manner, deportment, and a strict observance of such professional ethics as may, from time to time, be expounded to us."

Hospital Aides working on surgical dressings

Mrs. Marian B. Baker headed this service for twenty-five years as full-time volunteer supervisor. She was responsible to the head of the hospital; enlisted volunteers, adjusted new situations as they arose, perfected the understanding between aides and hospital groups (doctors, nurses and executives) and trained the aides in their duties. She believed, and has been justified in her belief, that volunteers, if they are given a definite work which they themselves see is necessary to the hospital, which will keep them really busy and interested, will be loyal and regular in pursuing it. All aides act under the immediate supervision of a head aide, who is responsible to the director. The average service is one-half day a week.

The service started with the messenger aide, whose duties are legion but definite—she sorts and delivers mail, flowers and telegrams, she takes intramural messages from one department to another, she takes patients to their rooms, directs visitors and clears the wards when visiting hours are over, and relieves at the information booth. There are three shifts of these aides. The work of the library aides is told elsewhere. Hostess aides receive a list of operation appointments, contact the friends and relations of the patients, reassuring them and seeing that they stay in the

waiting rooms, doing whatever they can to remove tension and difficulties, and where not otherwise engaged, spend their time making dressings. The aides were so successful in the hospital that they were adopted for work in the O.P.D. Here the registrar aides serve at the desk, adjusting appointments, conducting patients to X-ray or other branches of the hospital, attending to many details of the recording system and creating a friendly, reassuring attitude toward the patients who are often frightened and nervous. The clinic aides have perhaps the greatest responsibility, as they act as secretaries to the doctors conducting the clinics and attend to myriad details. They won their palms of praise readily from the very doctors who saw them come with misgivings. There are also X-ray aides who serve in many ways in that department.

There is a fine *esprit de corps* among the aides and they are faithful in securing a substitute. They have proved themselves adjustable and tactful and never seem to forget that the extremely complex organization of a modern hospital is sensitive and can be disturbed easily. Their province lies outside and is strictly subservient to the professional activities, yet they take every opportunity to aid, and discharge their duties. At the peak of the nursing shortage, there have been as many as 700 aides giving 51,905 hours to the hospital during the year. Aides, however, are never used to displace paid employees.

But great as is the work they accomplish, which saves the hospital many, many thousands of dollars a year, they serve in two other ways which are of almost greater value. They form a friendly liaison between the hospital, with its necessarily fixed and streamlined efficiency, and the patient and his family, in whose mind the whole organization exists to care for one case. To them the patient is not a case but a person, and they have time for all the little acts of kindness which the professional, much as she may want to, cannot perform because of her pressing duties.

In a memorial to Miss Loranger, who did so fine a work as head of social service until her death, it was said:

"A smile costs nothing but creates much. It happens in a flash and the

memory sometimes lasts forever. It cannot be bought, begged, borrowed or stolen but it is something that is no earthly good until it is given away. So, if in your hurry and rush you meet someone who is too weary to give you a smile, leave one of yours. For no one needs a smile quite so much as he who has none to give."

The pretty blue uniform of the aides, with white collar and cuffs, is ubiquitous in the hospital and wherever they go they bring with them the spirit of the hospital, which is, in its true meaning, a place of hospitality. That the work is popular is proved by the fact that five aides have given more than 15 years of service and a few have a record of more than 20,000 hours to their credit.

In yet another way, the aides serve the hospital. They are informed of its work, see how it functions, and know its needs, and no other body acts as efficiently as public relations agents. The professional personnel may shift, but the aide is of the community and her role as interpreter of the community to the hospital and of the hospital to the community has done much to break down anti-hospital prejudice and anti-hospital rumors and propaganda.

Kahlil Gibran said, "You give but little when you give of your possessions. It is when you give of yourself that you truly give."

One mentions with great appreciation the men who gave of their services on a voluntary basis, during the war years, as orderlies, painters and in almost every capacity.

Another phase of volunteer work is represented by the Red Cross Nurses' Aides which served so faithfully for several years and without them it would have been almost impossible to give adequate care during the days when the hospital was so very much under-staffed.

Seal of Base Hospital No. 19

The Hospital and War

BORN of war and used primarily for wounded soldiers in its early days, this hospital has always played an active part whenever called upon by the Federal government. The Review wrote in the early seventies, "Our own hospital might never have been completed but for the impetus and fresh stimulus to effort received by the needs of our sick and wounded soldiers. But our hospital work will not end with the war."

During the Spanish-American War many members of the Medical Staff and thirteen nurses enlisted and served, and others stood ready to go as they were called upon.

When Major-General William C. Gorgas, Surgeon General, was in Rochester in September, 1915, he was asked by Dr. John M. Swan what preparations were being made for hospital units if the United States should be drawn into the war. He replied that his department was securing names of civilian units who were accustomed to co-operative endeavor who might be expected to work well together under stress of war, and asked Dr. Swan if he would be interested in the assembling of such a group. The result was a nucleus of twelve men who entered the Medical Reserve corps and were commissioned first lieutenants. It was not until the following year that the American Red Cross undertook the actual enrolling of Base Hospital No. 19. It was organized with an officer personnel of 26 and a group of nurses and men to the number of 134. Rochester was immediately stirred to feverish activity and a group of women furnished bedding, hospital garments and dressings and presentations of all sorts were made to the venture.

Colonel George Skinner was in command, with Major (later Colonel) Swan second in command. He succeeded to command in July, 1918. Training began in 1917 and soon orders came through for a 1,000-bed hospital instead of the 500 one originally planned. They sailed on the *Baltic* in June of the following year, and proceeded to Vichy, which was planned as the chief American hospital center. Base Hospital 19 was the second to arrive and was assigned nine hotels in the French watering resort, a number which was increased as the wounded from the great American offensive poured in. The first patients arrived July 12th and the peak number at any one time was November 19th when 3,518 were treated. In all, over eleven thousand passed through the hospital, which occupied 21 buildings. They were ordered home in February, 1919, and were mustered out in May, having won for the unit highest praise from official quarters and having increased the renown of the Rochester General Hospital.

Although not affiliated with the hospital in any direct way, the hospital unit organized and directed by Dr. Ralph Fitch and largely composed of Rochester personnel was dear to the heart and interests of the Rochester General Hospital family and friends.

As early as 1940 the Surgeon General asked the Directors to assume responsibility for the organization of General Hospital Nineteen with especial reference to its officers. The Adjutant General assigned Dr. E. T. Wentworth as "unit director in time of peace and commanding officer on mobilization," with the rank of Colonel. His professional staff consisted of 43 officers associated with the Rochester General Hospital. The chief nurse was also from this hospital and 80 of the nurses were from the Rochester area. They entered active service in July, 1942, and spent more than a year at Camp Livingston, Louisiana, where they underwent intensive training and longed for foreign service. In August, 1943, their orders came and early in September they sailed on the *Scythia* for England where they operated a hospital at Great Malvern, Worcestershire. This consisted of 165 buildings in a 60-acre tract where they stayed until about a month before D-Day. After a short service in Wales, they reached the Normandy

beaches August 16, 1944, and were sent immediately to operate a French hospital, recently evacuated by the Germans at LeMans, which ancient city General Patton was using as headquarters in directing the advance. They served there four months during part of which time they were farther forward than any other general hospital. Many wounded came to them direct from the front. At LeMans, too, they did a great deal of psychiatric work in re-evaluating troops which had been sent back from the front. While unfit for combat, many were found to be suited to perform other types of military duty, which was not only a great saving for the army, but much better for the men.

An advance party was sent to Nancy to turn the caserne of a French horse-drawn artillery unit into a hospital, and the whole group joined them in February, 1945, and here they served for six months. The total number of patients treated in the 508 days of service in France were 26,243 in-patients and 38,046 out-patients. After short services in other hospitals the unit sailed for home on September 27, 1945, known as a "well-trained unit able to do a job without outside help" and proud possessors of the following citation:

HEADQUARTERS
EUROPEAN THEATER OF OPERATIONS
OFFICE OF THE CHIEF SURGEON

The Medical Director,
Rochester General Hospital,
New York

1 July 1945

Dear Doctor Parnall,

One of my last and most pleasant duties as Chief Surgeon of the European Theater of Operations is to make of record the splendid service of the 19th General Hospital.

This hospital unit first started to operate in this Theater 1 November 1943. It established first at Blackmoor Park, Worcestershire, England, in one-storeyed Nissen huts which were later augmented by ward tents. The unit remained here until moved to a staging area on 12 May 1944.

For movement to the Continent after D-Day, I selected some of the best of the hospitals in the United Kingdom; and, of course, the 19th

General Hospital was among the first to be sent to France. It landed on Utah Beach 16 August and set up a 1,000-bed general hospital at LeMans on 20 August continuing there until 22 December of that year.

As our Armies moved forward, it was necessary to follow them closely with general hospitals; and again the best we had were moved in close support of the fighting troops. The 19th General Hospital opened again, this time in a French barracks, in Nancy, on 15 February 1945 and it has remained there since.

I find myself at a loss for words to describe the superb quality of medical personnel that came with this unit. I have had to draw upon this personnel to leaven weaker units in the Theater. Despite these drafts upon the personnel of the 19th General Hospital, those that still remain with the unit maintain the same high standard of professional care that characterized this unit on its arrival in this Theater.

The 19th General Hospital provided an x-ray officer for the 1st Auxiliary Surgical Group, three surgeons for the 3rd Auxiliary Surgical Group and many specialists for other hospitals.

The Rochester General Hospital can be very proud of the 19th General Hospital. It has rendered valuable service to our Country; and it has been both an official and a personal pleasure for me to have had this fine unit under my direction.

Sincerely,

P. R. HAWLEY
Major General, USA
Chief Surgeon

It is hoped that the full account of the unit from which these facts have been taken, may be published later.

The results of war on the hospital itself have always been very marked. With a depleted staff the hospital has had to meet the exigencies of life in a period of war neuroses. Perhaps no more telling document can be quoted than the typically succinct diary of Miss Keith during the flu epidemic in 1918:

October 5, 1918. "Influenza enters Rochester General Hospital. Twelve cases. Two deaths."

October 7, 1918. "Twenty cases. Clear West 5 and enroll new class of aides."

October 9, 1918. "2,500 cases in city. 60 of them here."

October 14, 1918. "80 cases here. Two to four deaths daily."

October 17, 1918. "46th pupil nurse in bed with flu which makes 46 more patients and 46 less nurses to care for them."

October 19, 1918. "Fourteen new cases today. Married graduate nurses come to help. Two, four, or six hour shifts. All volunteer."

October 23, 1918. "110 flu cases. Six deaths. Pupil nurses in place of doctor accompany the driver on the ambulance and carry one end of stretcher. Miss K. on duty from 5 p. m. to 8 a. m. brought in nine cases."

October 27, 1918. "310 patients. 120 flu. 9 deaths last night."

October 28, 1918. "Influenza particularly fatal to pregnancy. Premature babies that live have beds on linen closet shelves. Undertakers swamped with work. Strangers die—we don't know their names or names of their friends. Pupil nurses are true blue. Never quiver an eyelash either when stricken or when returned for duty at the previous post."

October 30, 1918. "Dr. Zimmer of senior staff substitutes as interne. Sleeps here. Takes night calls. Wears white duck and stands at respectful attention to take orders (from juniors) which he writes down and fulfills."

But great as are the problems of the hospital during war they are, in every case, easier and more soluble than those of the post-war era. This particular time, in which the book goes to press, is one of the most difficult in the century, because of labor conditions, economic instability, difficulties in procuring materials of every sort and the doubt and insecurity of the entire national picture.

But war has not appeared entirely on the debit side in hospital history. In fact, the brightest side of every war has been the advances in scientific knowledge and hospital procedure which it has brought. Advance in the whole great field of orthopedic surgery came from World War I and there were other gains hardly less noteworthy, while today we can be grateful for the knowledge of the efficacy of the sulfa drugs, penicillin and blood plasma. Surgeons are now able to perform miracles undreamed of before the war, because they can control post-operative conditions which too often proved fatal before. Other contributions of World War II, as yet hardly realized, are in the fields of early ambulation and rehabilitation, in which great advances are being made which will affect hospital procedure increasingly.

During the late war the hospital played a part in the civilian defense, being completely organized for emergencies. There were

black-out shades everywhere and in the rooms they were pulled by the nurses before dark each night. One operating room and the delivery room were blacked out and blue bulbs were used in the corridors. Over one hundred beds and mattresses were in readiness with floor plans where they were to be placed in emergency. Squads of internes and nurses were on call each night and all personnel reported to the hospital on the first signal of an alert. All nurses were trained in first aid and eight bags of drugs were kept in readiness for sudden calls. They took part in various incidents both in the hospital and outside, one drill taking the form of clearing the conference room of all chairs and setting up for the reception of wounded.

During World War II, the hospital also served the young men of the Army Air Corps who were in training at the Rochester Business Institute. Over 6,000 men were trained in Rochester and of the fifty-seven schools of the area which were used for this training, Rochester was the only one which did not lose a man from illness. The school attributes this record largely to the co-operation of the Rochester General Hospital and to Dr. Densmore and Dr. Bodon of the Staff, who cared for emergency cases too ill to be transferred to the nearest government hospital, in Oswego.

The Rochester General Hospital has a record of patriotism and co-operation with national and civic needs of which it may be justly proud.

School of Nursing of Today

THERE is little similarity between the great professional school of nursing of today and that of which we first wrote. There are at present 113 students taking part in the well-integrated course offered by the hospital. Applicants are very thoroughly screened before acceptance, as it is a great loss, both in money and in service, for students to drop out during the course. This screening is done by questionnaire, study of the student's whole high school record, personal interview, a complete physical examination, and a series of psycho-metric tests at the school.

Tuition for the three years' course is $100, but supplies, equipment, affiliations, student activity fees and so forth bring up the total cost to the student to $314.25. There are, however, scholarships available, so that applicants with exceptional qualifications would never be refused.

Having met the requirements, the newly accepted student, instead of being hurtled into ward work, starts on her preliminary training which lasts 20 weeks. In the three years, she has a total of 1,234 hours of study, laboratory, lecture and demonstration. Her clinical experience is well balanced between the departments and is never sacrificed to the immediate needs of the hospital.

The administrative faculty of the school which has on its role some members of the Medical Staff, numbers sixteen. The instructors and supervisors number twenty, most of whom are college graduates as well as having done postgraduate work in the field of nursing.

Under Dr. Parnall, the nursing service was separated from nursing education, but now they are reunited under a Director of Nursing, Miss Caroline Keller, B.A., Smith; R.N., Presbyterian School of Nursing; M.A., Yale, (who unfortunately is leaving while this book is in preparations). She has two assistants.

It is interesting to realize that the first mention we have of a graduate nurse doing general duty was in 1920. Now, we have two assistants, six instructors, ten supervisors, twenty-five head nurses, seventy-three staff nurses and three teaching dietitians.

Perhaps this is a good place to examine a bit the ideas inherent in a school of nursing and its relation to the hospital. It serves two purposes which were not clear in that day, and are still the subject of controversy. On the one hand is the nursing service in the hospital itself—the care of its patients, and on the other is a professional training school for young women. To what extent should the pupils be used by the hospital beyond the point where they are actually learning? Certain services of a hospital may be of benefit to the nurse so far as hundreds of repetitions are concerned, but when the repetition reaches into the thousands, the educational value may be questioned and some feel that it verges on exploitation.

On the other hand, to what extent has a hospital the right to use money donated for the care of the sick, to the maintenance of faculty and equipment for a first class professional school? The question is not as simple as it seems. The Rochester General Hospital's plan with its present three-years' course, embodying 1,234 hours of classes and lectures and well-balanced clinical experience based on an eight-hour day and a 44-hour week, is as good a solution as is possible. There is little doubt that the purposes of the hospital for cheap nursing service was uppermost in the early days, but at no time was instruction sacrificed to it and while there were but eight lectures and fifty classes at the beginning, such was the custom in the very best hospitals.

In the thirties it was decided that there were certain types of clinical experience which a graduate nurse should have, which the hospital could not supply. In 1937 affiliation was made with

A class in the School of Nursing

the Visiting Nurses' Association (formerly called the Public Health Nursing) whereby 12 senior students chosen on the basis of their work and special preferences have eight weeks of training under the Visiting Nurses' Association in groups of two at a time. Those who do not have this opportunity are given one week of observation at the Rochester Health Bureau or with the State Department of Health in rural nursing, plus three weeks with the Baden Street Settlement. All students, by affiliations, have eight weeks' training in the care of tuberculosis at Trudeau Sanitarium at Saranac Lake, and in psychiatric work for 12 weeks, either at Marcy State Hospital or Hudson River State Hospital. In groups, too, they have two weeks' experience in the Children's Convalescent Home.

There is a full time social director in charge of the Nurses' Residence whose duty it is to see that the students have a normal social life and to counsel them whenever they wish to come to her with their problems. There is a student council which co-operates with her. Each month the students have some entertainment, a formal dance during the holiday season, weekly teas given by the Board of Managers, class entertainments, dramatics, picnics and

sleighrides, as well as a perfect whirl of gaiety during the Commencement week. Capping ceremonies at the end of the first 20 weeks are an important event in the life of the student.

The health of the students is checked carefully and certainly there seems to be no cause for worry about the drain on their well-being that training was supposed to entail. The average absence from classes due to illness last year was 3.4 days!

During the war, the hospital participated in the cadet nursing program at the request of the government. Now the classes are resuming their former status, but the hospital is feeling very keenly the shortage in nursing applicants. It has been said:

> "Those who benefit by the efficiency of a training school are—the patient, because a well-instructed nurse will give him more intelligent and, therefore, better care; the hospital, because a well-cared-for patient is a satisfied patient; the doctor, because his orders and treatments are carried out in such a manner that the best possible results are obtained; the pupil nurse, because upon the training received depends to such a large extent her ability to meet the responsibilities of the work awaiting her after graduation; each alumna, because her reputation is influenced by the standing of her alma mater; the general public, because both the hospital and the training school should be educational factors in the community."

The school has earned the enviable record of the third highest grading among 108 schools of nursing in the state, the other two being less than half of a percent higher, based on the examinations its graduates pass.

The newer ideas of nursing, as of medicine, put the emphasis on prevention rather than mere care and cure and the avenues opening to the nurse in social service, education and industry are limitless. Every alumna should rejoice in the magnificent record which the training school is making year by year.

The Laboratories and Their Schools

In the laboratories lies the future of the hospital. It is a busy place with its myriad workers, the internes and its students rushing in and out. For here, too, is a large part of the educational work of the hospital. It has a school of laboratory technicians, started in 1935 by Dr. Istvan Gaspar and strengthened by Dr. Milton G. Bohrod, the present director of pathological laboratories. It is fitted to train twelve students (college graduates) in a course of a year and a half, but the war has affected it and it is difficult to secure the right type of student, so there are only two at this time. The department serves every patient in the hospital, with its countless tests and examinations, but it is also serving the world of tomorrow, for here is done the scientific training of the internes and the research which will push back the borders of ignorance and make the world a better and a safer place in which to live. Of the work of the laboratories from the medical side we read in the later chapters of this volume.

It is largely on the work in the pathological department that the American College of Surgeons bases its grading of hospitals in connection with interne training, recommending particularly those hospitals which afford a high rate of necropsies. The average hospital rate is about 25% and this hospital rates at 75%, a figure which bespeaks much for the interest of the young doctors and of the layman in scientific advance.

One of the more recent departments of the hospital is that of medical photography, which is a separate section, though functioning under the general supervision of the director of labora-

tories. It is one of the departments of the hospital which oozed into being from very small beginnings, so that one can hardly say when it began. The files go back about twenty to twenty-five years, but there was undoubtedly a little work done along these lines earlier.

The present head of the department, Mr. John Beiter, who came in 1931, spent about three-quarters of his time on tissues when he first came, but as the work grew, more assistants and technicians had to be added and now the tissue division functions as a separate unit. There are two full-time photographers and in addition there has recently been organized a school of medical photography, the first of its kind in the country. It is indeed fitting that Rochester should lead in this field, although the work has no connection with our major industry. Photography has proved invaluable in diagnosis and treatment and has taken its place as one of the most important elements in medical education. Lacking the equipment for the production of perfect movies, the department has preferred to confine itself to stills, most of which are in color. "Medical photography has a two-fold purpose, first, to reproduce the features of the subject in such clear and forceful fashion that a minimum of textual explanation is necessary, and second, to provide a picture that is aesthetic within the limits set by the first purpose." It may seem hard for the layman to think the second CAN be attained in the case of a pathological specimen, but when you look at their transparencies you agree that they have, and that they could hold their place successfully in a gallery of modern art.

Here you have a doctor interested in photography working with a photographer interested in medicine—a perfect combination. They have pioneered in using a background of illuminated colored glass, in order to bring out the perfection of detail which is needed, and you find color combinations which would delight the modern painter. Their discoveries have been written up in medical and photographic journals and widely imitated. Here is another "first" in hospital history.

Pictures are taken in the operating room at the request of the

surgeon, any particularly interesting tissue conditions are photographed, as are any pathological conditions which they wish to record for research purposes. Some are taken in autopsies, some are taken of patients as they lie in bed. Occasionally transparent slides are made of x-ray findings.

For many years some of the leading hospitals have employed artists to paint in the operating rooms and from pathological specimens but this photographic work with its greater accuracy and speed of accomplishment is increasingly superseding them. The photographer in the operating room wears a sterile coat, mask, etc., but since his equipment usually is not germ-proof, he has to exercise great caution and is not allowed to approach nearer than a foot to anything that is sterile.

The work of the department consists largely of photo-micrography, which is usually done at from 100 to 600 magnification, but in the cases of bacteria the magnification runs up to 1500 times. The knowledge of photo-micrography extends over quite a period but its great advance and its wide use are fairly recent.

Some of the department's non-medical photography may be seen in this volume.

There are in the files at present almost 9,000 pictures, most of which are in full color, being taken, for the most part, on Kodachrome. These are cross indexed as to the disease and as to location, so that doctors can refer to them instantly—the cross indexing itself a fascinating piece of work.

As has been said, the hospital is the first institution in the country to start an organized school of medical photography. Two classes enter each year, the requirements being a high school diploma with a year of college advised, and comprises 12 months of work. The courses in physiology, anatomy, pathology, terminology and all class studies are given by the faculty of the training school, while photographic theory and practical work are given in the medical photography department.

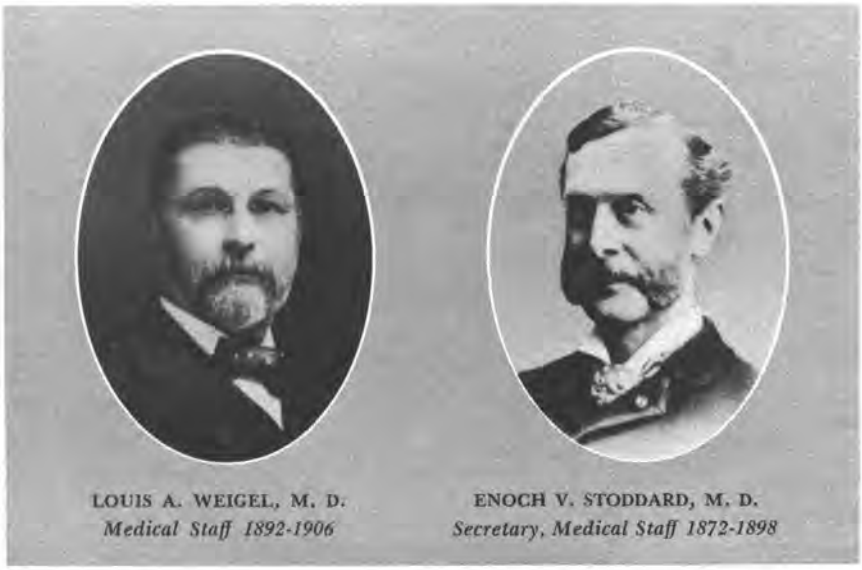
The laboratories for electro-cardiography and basal metabolism are among the newest in the hospital, having been opened

in January, 1928, from which time their use has steadily increased. From the relatively small beginning, for the first year, of 589 tests, the total number now is more than 1,500 a year. The files of the department whose work is, of course, diagnostic, are carefully maintained and are instantly available for comparison and research. The two branches run almost parallel so far as use is concerned and many patients come from outside the hospital for these services.

In the original records we find the following item for 1896: "Dr. Henckell presented the hospital with a machine called a coil. It was placed in a small room in the basement of the Surgical Pavilion. Dr. Weigel was appointed to take charge of it and Mr. Handel, the pharmacist, assisted him." And in the Staff minutes of the following year: "X-ray apparatus presented to the hospital by Dr. Henckell accepted with thanks. Resolved that the equipment shall be used gratuitously only in cases of patients who are or are about to become patients of the hospital and that $5 be collected in every other case." And in 1899: "A new X-ray apparatus, through the efforts of Dr. F. D. Andrew and the Staff, was presented to the hospital. The front north room, near the elevator, was divided—one part being made into a dark room for developing plates and the other room for the examinations. Dr. Andrew is the operator." And again in 1902: "Another X-ray apparatus was purchased by gifts at the Donation in 1901. It is a Rhumkorpf Coil and cost $95.50."

Probably no invention ever startled the layman more. At the Donation of 1901 a demonstration of the strange new invention was put on "where you could see what you will look like when you shake off this mortal coil," all for a quarter's admission. That the interest was general may be judged by the fact that the gate receipts were $175.

A few years earlier a reporter of the Democrat and Chronicle was sent to the hospital to investigate, and excerpts from his account may prove amusing: " 'There is the wonderful Crookes tube about which you have heard so much,' said Miss Palmer as



LOUIS A. WEIGEL, M. D.
Medical Staff 1892-1906

ENOCH V. STODDARD, M. D.
Secretary, Medical Staff 1872-1898

she pointed to a greenish thing about the size of a potato . . . Dr. Weigel was photographing the arm of a young boy . . . the X-rays are strange things anyway. In the first place it makes no difference if you have a beam a foot thick between the thing you want to see and the Crookes tube. It is operated by a current of 110 volts which comes into the room through an innocent looking wire . . . It is a strange phenomenon indeed."

In 1909 the department was again moved, this time to the center of the Dome, where improvements were made totalling $1,000, given by the Roentgen Twig, which has always interested itself in the department. Later it was housed on the second floor of the main building and now has fine new quarters on the second floor of the administration building, which it is already in danger of out-growing.

Dr. Weigel and Dr. Andrew, who did pioneering work in this field, both paid dearly for their research, Dr. Weigel with his life and Dr. Andrew with his hand, both the result of experimental work in handling the apparatus.

In 1899, in an interview with a reporter, Dr. Weigel expressed his disbelief in X-ray burns being dangerous if care were used and

A modern X-ray machine

said no patient of his had ever suffered from them. Yet by 1904 one of his hands was affected and two fingers had to be amputated and then both his hands, the tissue having been impaired by his continued research work, and in May, 1906, he died, a martyr to the extension of scientific knowledge.

In 1907 there were 207 X-ray cases and the number stayed almost static until 1914, when there were over 600. By 1936, the 5,000 mark was passed and by 1945 there were 13,632.

Under the able leadership of Dr. Leslie R. Lingeman, who came in 1929, the work was strengthened and the department is rated as one of the grade A of the whole country. The department now has twelve workers and conducts a school for X-ray technicians, giving a year's course to two students at a time, and in addition they train resident physicians in radiology. One of its great difficulties is in keeping assistants after they become really valuable, because the hospital cannot compete successfully with outside salaries.

The work is, of course, of two kinds, diagnostic, with the

A view in the hospital's modern laboratory

production of radiograms, and therapeutic, with treatment of cancer on the one hand, and on the other, inflammatory conditions and other types of lesions. The therapy division, while smaller than the other, cares for over 20 patients a day.

What a contrast to the early days are the great installations of today! The 400 kilowatt therapy machine which was given eleven years ago by Mr. and Mrs. Edward Bausch and Mr. and Mrs. William Stuber, at a cost of about $1,200 is already out-dated, but it gave 10,000 treatments in its first six months and has been in constant use ever since. How strange it is that the very effects which at first were so harmful to the cellular tissue of those working with the X-rays can now be harnessed to a beneficent healing, even in cases of malignancy.

Many O.P.D. patients are served in the department, the prices charged being rated entirely according to their resources, but, in every case, below cost. In fact, for a whole year, O.P.D. patients only paid $228. Ward patients are charged one-third of the private rate, which is based on the examination rather than the

number of exposures made. The department is unusual in that, because of outside private patients, its income exceeds its current costs. The type of work done and the income derived from it equally justify the extension of the work by the addition of the best possible equipment. Every patient in the hospital has a free X-ray of the chest.

Physio-therapy, under the supervision of Miss Margaret Corbin, is one of the newer developments of hospital technique. While known before the first World War, the rapid development of this work has come since then and in 1921 was formed the American Physio-Therapy Association which determined standards for workers and started a registry of graduates of accredited school of physio-therapy, of which there are now 23. The department, which started in 1929 in a small way, now has two trained technicians who themselves handle all cases and in addition give instruction to the student nurses—this means treating an average of more than 20 patients a day. The work is divided about equally between private outside patients, hospital patients and O.P.D. patients. Roughly, the work can be subdivided into massage, corrective exercises, hydrotherapy, electro-therapy, light therapy and rhythmic constriction to improve circulatory conditions. Corrective exercises, passive, resistant and regular, are given on doctors' prescriptions. The patient is taught a few exercises and gradually others are added as he proves, in frequent check-ups, that he is following them correctly. They do rehabilitation work, too, in re-teaching to walk, building of muscle tone and many other ways. Their pride is the new Hubbard clinic tank, shaped like a great Monel metal butterfly and fitted with whirlpool faucets so that gentle massage, relaxation and underwater exercises are combined. To provide this, you have attended birthday balls for a number of years and the same National Foundation for Infantile Paralysis has allocated a million and a half for the training of physio-therapists. Short wave diathermy, or treating of deep tissues by electric heat is one of their treatments. Successful work has also been done in neurological conditions, particularly in working on veterans suffering from war injuries.

Medical Records and Libraries

FOR ONE who likes to see "wheels go 'round" in a great institution, the Medical Record Library is a fascinating spot for it is the veritable hub of the hospital whence extend lines of communication to every department like a vast spider web.

The early clinical records were kept in the form of ledgers, and have little scientific value, but since 1919, charts have been kept, and of these there are on file at the present time records of 228,000 patients. Some of these show repeated hospitalizations.

Because of the space needed for housing these files, micro-filming has been used in the case of inactive files prior to 1936, but except for the saving of space, micro-filming is not as satisfactory as the record itself.

The unit system of filing was originated by the Presbyterian Hospital in New York; but the first school for training medical record librarians was that of our hospital. There are three students in this school at present, as it has only recently been reorganized since the war.

When a patient enters the hospital, his record is started by the Admitting Officer who supplies all sociological information, which is multigraphed and sent to a number of different departments. If the patient has had former hospital experience here, his old file is found and sent to the floor where he is to be. The interne is responsible for taking down the history and the physical examination of the patient, which is checked by the attending physician. The file includes the nurse's daily record, the doctor's order sheet, the graphic sheet, which is a record of temperature,

pulse and respiration during the patient's entire stay. The chart remains on the floor until the patient's dismissal. The daily summary by the resident and attending physicians, called progress notes, record any new findings, treatments or complications. When the patient is discharged either the resident, or the attending physician in a private case, writes a discharge note and the final diagnosis is entered on the chart. It then goes back to the record room where it is checked for inadequacies or inaccuracies. Charts are filed alphabetically, but are also indexed under the diseases or operation noted therein. The code used for this disease indexing is the standard classification recommended by the American College of Surgeons and the American Medical Association. Thus, a doctor has at his command in the hospital, information on every case parallel to the one he is considering.

Every day the O.P.D. sends to the record room its list of appointments for the following day, and each chart is taken out of the files and sent to the proper clinic, and is later returned to the record room with all notations made by the O.P.D. Truly, as the house physicians used to sing: "Gone are the days when the charts looked like a haze."

Miss Margaret Taylor, head of the department, and a past president of the American Association of Medical Record Librarians, has done pioneering work in education along these lines and is at present on a year's leave of absence as Field Instructor for that organization, holding two-week conferences in various districts throughout the country. Librarians of all hospitals in the district attend these conferences in order to be brought up-to-date on recent methods. During Miss Taylor's absence, Miss Ann Stuart is ably filling her place.

It has been truly said, "Records are the tools of case work—they are a service to the patient, to education and to reasearch."

In the Review of 1885 we read: "Our hospital is provided with a good library of general reading for the patients. Cheerful and entertaining books for the sick are always acceptable. Each volume when received is catalogued and numbered and the name

of the donor attached." Never a month went by that the Review did not acknowledge the gift of some books and the library grew, though slowly. In 1912 the Rochester Public Library conducted a circulating library at the hospital, making it a sub-station of the library, and in 1922 they requested that the hospital take over its management, and a volunteer unit was formed with a librarian and two assistants to carry on the work.

Mrs. E. W. Mulligan, the first volunteer librarian, gave of herself and her philosophy as she delivered her books and constantly tried to introduce to patients the best in literature, so indispensable a part of her own life. In her memory, her friends gave a beautiful new book room, furnished and equipped. The library is run by a chairman who has had library experience and six sub-chairmen. There are sometimes as many as 70 aides and alternates occupied in this work, for fresh paper covers must be kept on the books, and aides can be called upon for reading aloud to patients at the request of doctors or the nursing service director. There are about 3,500 books in the library, and the public library system loans several hundred additional volumes which are largely foreign language. Most of the Twigs give annually to the library, some work for it and have within it memorials to their own former members, each such group having a bookplate of its own: one, the Olive, supplies books in Yiddish, and another, the Library, mends books. When needed, a card party is held to finance the subscription of magazines for this and the Mumford libraries, and the post office supplies undeliverable magazines for distribution in all the hospitals. Once a year a "book tea" is held when each guest brings a book, or its equivalent.

The work is entirely free except that hospital personnel who keep books overtime are subject to a fine. The library trucks go to private rooms as well as the wards and the books and the smile and kindly interest with which they are delivered have proved of therapeutic as well as pleasurable value. A frightened little Italian girl was absolutely tongue-tied and would not even answer questions, until she happened to see some books. Her whole

aspect changed as she asked whether there was a library and on hearing that they had Goldilocks and the Three Bears, all reticences were broken down and she was perfectly contented to stay.

Doctors are recognizing the value of this work, as will be seen in the following quotation, and they are beginning to think of biblio-therapy. "Now we doctors consider that the hospital must look after the mental health of a patient during convalescence, and we have learned that healthy books do more than any other one thing to keep him happy and get him well. Reading is the one normal thing a patient can do in his totally abnormal surroundings."

In 1898 the nucleus of a library was formed in the Nurses' Home and in 1900 it was endowed by the gift of $2,500 in memory of Mrs. Julia Hills Mumford and the income has always been spent in buying books and magazines for this library. It is housed in a pleasant reading room in the Residence.

As early as 1883 we read in the medical records that there was discussion of a project to start a medical library at the hospital, and that Dr. Ely and Dr. Stoddard were appointed a committee to look into it. It gradually grew—at one time it was kept on shelves in the operating room! Of course, many of the early volumes ceased to have a scientific value and had to be discarded. In 1917 it became known as the Ely Memorial Library and was housed in a room furnished and equipped by Dr. Mulligan in memory of his longtime friend. There are now over twelve hundred scientific volumes in the library and forty current periodicals.

Maintenance

THE maintenance department seems to hold all records for length of service. Mr. Bourcy came in 1921 and for forty years previously Charles Dowzer had been the chief engineer, so that these two individuals represent sixty-six years of the hospital history.

In the middle years the engineer's headquarters were in the basement of the O.P.D. off a passage used by the nurses to go back and forth to the clinics. This was known popularly as "cat alley" and consisted of a board walk which often floated when any water backed up in the basement and sloshed around as one walked on it. The department was then moved to the basement of West hall, under the children's porch, where the morgue had been. The present power house was the first building finished of the Eastman building program. The third floor was used for female employees but the fourth was unused for some time. When a new elevator had to be put in in 1941, it was extended to this floor and maintenance took it over for workrooms. If you are a good climber, you will be rewarded by seeing a veritable Santa Claus' workshop, for there everything used in the hospital is repaired. "Mr. Fix-it" was originally Frank Barton, but the title has been passed on and apparently nothing inanimate is too full of ills to be cured in this branch of the hospital. Modern medicine and surgery must be contagious. Relics of the past are streamlined into modern efficiency and are hardly recognizable on their re-emergence and if they have "gone the way of all flesh" their parts are carefully hoarded for the repair of something else. There go the radios that are rented to patients, the furniture that needs a lick of paint, the beds and all the rest of the things to be put into com-

mission again. One of the duties not usually associated with the engineering is to give the fish in the aquarium in the children's play-room, a salt bath!

The department consists of 26 now, for the elevators and ambulances are under maintenance; and beside the engineering, the care of the grounds and the upkeep of the buildings, they do practically all remodeling that is needed. Some idea of this may be gathered from the fact that about ten tons of paint a year are used. There are plumbers, electricians, mechanics and carpenters on the staff, so that it is only for some major change that an outside contract has to be let.

The coal consumption runs between 3,500 and 4,000 tons a year. In one of her reports, Miss Keith said: "We had a certain allotment for coal, but the food ran short, so we had to eat it up." (Thus were deficits avoided in the old days!)

This department, too, manufactures all ice used in the hospital—a mere half million pounds a year. It used to be made in cakes but now, with modern machinery it is made in flake form, so that it needs no breaking up, even for ice caps.

Under the old boiler house was an open space where various drunks sometimes found shelter. One night Miss Keith could stand it no longer and called the police. On going down later to investigate, she found the policeman ensconced at a pleasant game of poker with her unwanted guests.

During the war, when employees were difficult to get, the department had the assistance of some of the volunteers that served so ably and quietly. An insurance man painted and others worked on the grounds or as engineer.

The laundry, so necessary an adjunct of a hospital, has had a varied history and has travelled far from the portable wooden tubs in the basement which were its sole equipment at first, when all water had to be transported by barrel. At times, its equipment has been so inadequate that soiled bedding has been sent out to various commercial laundries. In 1889 the problem had grown so acute, what with the larger hospital and the training school,

that a laundry building was erected which was used until 1910, when the present building was put up—the first of the Eastman buildings—the laundry and power house. The Review tells us "Modern science runs riot over the devices for facilitating the operation of washing and ironing clothes." Now there are four large washing machines which take care of 3,500 pounds of wash a day. There are 23 employees in the department and until the war the turn-over was very low but of recent years it is hard to compete with the pay of local industries. There is a mending room there whose staff see that all is in order before being sent back to the floors.

New employees are carefully trained in hospital technique, but it is Mr. Files' boast that there has never been a case of contagion reported. There is a very low absentee record, and the light, airy room would certainly seem to offer the best condition for that work. Almost everything has been found in the laundry at one time or another—lantern slides, table silver, toothbrushes, rubber gloves, money, watches, an instrument tray, and even a monel metal pail!

Everywhere the housewife is conscious of the amount of work required to keep so vast an establishment clean. The labor situation has been so bad that it has been impossible to secure enough people to keep it as spotless as would be desired, but it is amazing how quickly the housekeeper catches up with the dirt being constantly tracked in or spilled.

"The Doors that Never Close"—Main entrance to the Hospital

A Walk Through the Hospital

To one who is neither a patient nor the worried relative of a patient, a walk through a great hospital like the Rochester General is a revelation. Can one hundred years encompass the changes from the "bowl of soup" charity of our grandparents to this great streamlined organization in which the sick and wounded enter at one end and come out whole and well at the other? What sort of assembly line is this with its miracles of modern medicine? On a first inspection trip, the editor felt like a human interrogation mark for, like Helen, she "wanted to see the wheels go 'round." To answer some of these questions and to see what goes on behind the scenes in some places not yet mentioned is the purpose of this chapter.

The very first contact that the ordinary person has with the hospital is that by telephone with the information desk. Here, perhaps more than any one place, is the voice with the smile valuable. Dr. Slater has said, "Even the courteous voice of a clerk at the hospital information desk or of a telephone operator at the switchboard can carry cheer to the depressed and courage to the disheartened." And what a cross section of life with its tragedies and comedies the person at the desk sees. One woman said, "I been to the clonic. They thought I had droppin' arches but I got vertical veins." Two women approached and one said, "My friend, she no speak English, so I interrupt for you."

When the patient enters, if he is walking, he is taken to the Admitting Office where a courteous nurse sets him at ease, takes the necessary information and assigns him a room. If he is a ward

patient he then sees a member of the office force, to whom he gives relevant details which prove to her that the hospital is justified in asking the Staff to treat him without charge, for no medical charge is made to ward patients whether they pay the full rate, part rate or are paid for by some agency. If the patient is too ill to do this himself, a member of his family acts for him or the arrangements are made after he is in bed. From then on he is a hospital patient, to receive the best of care and every consideration wherever he may have been placed. To the nurse, the interne, the pharmacist, the technician and the social service worker, he is a human being who needs their understanding care and will receive it unstintingly.

It is sometimes asked why a patient may have to await admission to the hospital if there is any bed unoccupied, but you cannot put a male surgical case in pediatrics or a sick woman in a male ward. Such are the natural limitations of the many divisions of a hospital that national figures give only 82% capacity even in times of greatest demand. The figures here are much higher than that, reaching 94.5% in 1946 and at one time showing 32 patients more than full capacity!

Although there is no allotment in the budget for public relations, there is a very active committee which functions admirably. One of their projects is a series of glass cases in the main hall, in which is an exhibit, changed monthly, depicting in concrete form so that he who runs may read, some phase of the hospital's work. When it is realized that there are often ten or eleven hundred people a day visiting the hospital one can see what possibilities such an exhibition has for general information. Some of the topics treated are: a child health program, cancer control, the hospital libraries, allergies, arthritis clinics, the base hospitals, the work of the laboratories, and work of the Twigs.

As you walk toward the elevators you hear a low, pleasant voice saying, "Dr. . . . . , Dr. . . . . " and you realize that you are listening to the paging system, which was inaugurated in 1938 and largely financed by the Twigs. No longer is there the incessant ringing of the telephone, while the operator tries to find the

doctor wanted, first in one department and then another. Now, each doctor registers when he comes in, is paged when needed and reports his departure when he leaves. The paging is not only far more efficient, but is far less noisy for the patients and the volume is stepped down at night when the corridors are quiet, so that it disturbs no one. This whole system was installed largely through efforts of Dr. Clough, former assistant medical director.

Going down the hall, you pass the accounting office where every charge is registered, and where all hospital business statistics originate. The Hospital Council is working on having a unified cost accounting system for Rochester hospitals so that by breaking down overhead and income and outgo, comparisons can be made which will be of mutual benefit. This department is in charge of Mr. Chapman.

One of the oldest departments, because, of course, it goes back to the beginning of the hospital, is that of the pharmacy. It was originally managed entirely by the internes, until Miss Palmer decided to "engage one competent to take charge and thus save money." The present pharmacist, Mr. Hendrickson, who came in 1918, remembers when the pharmacy was a single room with one compounding table, a sink in the middle and shelves reaching to the ceiling. There was also a shelf on the west wall, but Miss Keith had this removed, because the nurses would sit on it. It was only after the introduction of penicillin four years ago that the equipment included a refrigerator. The pharmacist buys most of the drugs regularly stocked in the hospital. Private patients are charged the prevailing retail price for drugs, ward patients the approximate cost price and O.P.D. patients what their resources suggest.

One department which is closely integrated with every branch of the work is that of the Purchasing, under Mr. Charles A. Richardson. The function of the department is "to procure by purchase a proper quantity of what is wanted, for delivery at a certain time and place, at the lowest price consistent with the requisite quality and service." To accomplish this, there must be good co-operation throughout, so that heads of departments

refrain from waste and learn the difference between true and false economy. While money is handled in few departments, the articles which represent money expended are handled by hundreds of people and just as accurate an account must be kept of them as of dollars and cents.

The department, which has a thorough knowledge of standards and how best to apply that knowledge to the needs of the hospital, saves many thousands of dollars annually. The buyer uses the U. S. Bureau of Standards figures for checking prices and makes, and he must know individual brands and labels. The price is important but not as important as the quality and the length of service the article will give. The store room is a fascinating place with more than 4,000 items, ranging from floor wax to delicate and expensive surgical instruments. Here are the makings of seven complete stores—drugs, grocery, dry goods, hardware, clothing, janitor supply and service.

The Purchasing Committee of the Council of Rochester Regional Hospitals, of which this department is a member, aids with suggestions, that the smaller hospitals in the area may buy wisely. In this hospital, it is the policy to purchase as much as possible from local merchants whose co-operation has meant so much to the smooth functioning of the department. For instance, most surgical instruments, gauze and dressings are contracted for locally, and eggs and fresh poultry are bought from near-by farms. If local suppliers are unable to furnish the needs, outside agencies are utilized. During the strike of automobile workers, the ambulance broke a spring. There being no replacement parts in this area, a systematic search was made and the necessary part finally located in Oakland, California. Because of recent developments in storage facilities, it is now possible to buy frozen meats, vegetables and poultry at seasons when they are plentiful and have them available at all times.

It is justly the pride of the department that in spite of all war and post-war shortages, the hospital has been supplied adequate amounts of materials, at least sufficient to maintain a satisfactory standard of efficiency.

Another department which has had its problems complicated by post-war conditions is that of Personnel under Mrs. Russell Bingeman. A hospital cannot compete with industry in its wage scale, but it has a satisfaction to offer in the essential character of its work. This hospital is one of the first to develop a regular personnel department.

Those in the basement of the administration building must be ever on the alert, for here one finds the Emergency Department and here there are always waiting an interne and two graduate nurses with student assistant and orderlies to care for the eleven hundred or so patients who come each month—the majority of these, of course, accident victims. There are six beds, a treatment room and a bath. If the person is unconscious, the police are called to work on identification immediately. If hospitalization is required, the patient is moved, for there is an eight-hour limitation for keeping patients here. Clothes are inventoried in duplicate, aired or fumigated, and placed in individual bags. When the patient is discharged, the floor nurse brings the duplicate list and carries his clothing to the patient. He may have his own doctor, of course, but the interne cares for him until he or the Staff doctor can be reached.

Maternity is now one of the busiest spots in the hospital and in normal cases mothers are only permitted an eight-day stay, so great is the demand for beds. In 1884 there were 22 births in the hospital, in 1903, 124 and in 1946, 2,509. It is hard to realize that it used to be considered unsafe for a baby to be born in a hospital! One could gladly stand for hours, even if not a proud father, looking through the big window into the baby room. An alphabetic necklace made of lettered beads is fastened around the baby's neck in the delivery room, not to be removed while in the hospital, so that last bugaboo of rumor has been removed. The incubator room is perhaps the most fascinating place of all, with tiny little hands and feet waving above the edge of the bassinets, as the heat, day by day, is reduced. There have been two sets of triplets, one in 1941 and one in 1946, in both of which cases mother and babes have been guests of the hospital. In 1890 the

Looking through the big window into the baby room

Review has an article headed "A Baby in an Incubator, a Sickly Infant Nursed Like a Little Chicken" and continues to describe how this baby, born a month early, would surely have died without this new device. How different is the story now, when it can be reported that a three months' premature baby, weighing 29½ ounces at birth, left the hospital perfectly well and normal. At one time a mother and daughter were in, having babies at the same time, the seventeenth and the first, and the next year number eighteen and number two arrived simultaneously.

Perhaps obstetrics is the happiest department in the hospital, and it is fun to watch the proud father wheeling the chair in which sits the new mother clasping the precious pink bundle as they leave the hospital.

There is no more delightful place in the hospital than the

Scene from Pediatrics department

sixth floor of West where the children are. Go up in the early afternoon and you will find all the lights dimmed and shades drawn and peace reigning, for it is the nap hour, and soon you may hear, "Please, may I wake up now?" and the youngsters begin amusing themselves in one way or another. Some orthopedic cases have been there over a year, but the number who stay only 24 hours for tonsil-adenoid operations is so great that the average stay is only four or five days. They are, for the most part, a merry crew and have many good times. They are, of course, the pets of the nursing force and many look back on their hospital stay as a happy chapter in a humdrum existence. There is no regular instruction as there used to be, but when the need arises, teachers are supplied by the Board of Education. They do have diversional therapy, which is a great delight as well as a real help in devel-

oping unused muscles or creating new interests. Patients here range in age from infancy to sixteen years. The technique of caring for communicable diseases has been so perfected that, except for chicken pox or measles, they can be cared for here in isolation rooms without danger to the others.

Formerly all cases of illness among the hospital personnel were cared for in the nursing office, but Miss Breadon felt that there should be a separate organization for looking after the health of employees. While it did not take concrete form during her lifetime, it did in 1938 and was reorganized and modernized in January, 1946. It is in charge of a doctor who serves part-time and a full-time graduate nurse with a graduate assistant, in pleasant offices and examining rooms. At first intended for students and graduate nurses working in the hospital, it has been extended to cover every employee of the hospital, both professional and non-professional, as well as all members of any of the schools. They have charge of all the physical examinations to which every applicant must submit before entering employment and for the check-ups, semi-annual or oftener, by which they and the hospital patients are protected. Full chest X-rays form part of the first general examination. Examinations for employees in dietetics are particularly rigorous. They also care for any cases of illness arising in the hospital family. All carry health insurance but after twelve months' service, they are eligible for free hospital care for a reasonable period. This includes medical care unless they prefer to have their own doctors.

The most thrilling parts of the hospital, seen by the layman only under circumstances liable to produce certain prejudices, are the operating rooms. As late as 1892 it is remarked with amazement that there are sometimes as many as four or five operations a day. Now there are very often 24 and the peak number has reached 28. There are four major operating rooms, together with the accompanying rooms for anaesthetics, scrubbing and so on, and there is a fascination in their streamlined efficiency and the technique that guards life. Dr. Binger has said: "I am always struck with the beauty of the scene, and I am impressed with the

wonderful adaptation to purpose of hand and instrument. Man has surely achieved great heights of order, co-ordination and control in this uniquely co-operative effort in which so many play a part—surgeon, assistants, nurses, orderlies, hospital administration, engineer, instrument maker, drug manufacturer, and sometimes even the poor patient."

Up near the operating rooms is the Central Supply Room. Here everything used in surgery and special bedside care is stored. The actual dressings are made in the basement and wrapped and sterilized there. The large sterilizer is used three or four times daily, the smaller one oftener. Nearby is a sewing room for the operating room, where gowns, caps and masks are put in order. Once sterilized, the dressings go upstairs. Part of the supply room is the solutions room, where water is distilled and all solutions made. A staff of seven is needed just for this one section of the work. Here, too, is the blood bank (the bank itself was also a Twig project). The bank has an average inventory of 150 pints of plasma and 40 pints of blood, for whole blood can now be kept up to 21 days. When blood for a transfusion is needed, the friends of the patient act as donors and replace the blood used or he is charged what a professional donor charges. If, however, he has no friends and his need is great, neither blood nor plasma is ever denied him. The Red Cross has recently offered assistance to the Health Department in establishing a central blood bank for the hospitals of Rochester and surrounding area.

We have seen how this institution is a veritable microcosm, its many elements uniting in its work of mercy. Though geared to an almost mechanical perfection, it is yet a most human organization, in which each individual component is essential to the assembly line and its final product.

Presentation of an award for length of service to George Edmonds, by Dr. Christopher Parnall

Administration

IT TAKES good government to administer a great institution, and it takes self-control on the part of everyone involved. Nothing is so costly to an organization as friction, and there are certain parts of the work where there is a wide potential lap between departments, which need understanding to iron out. It is the work of the medical director so to inspire those under him with the importance of the work, that selfish aims will be subordinated.

At the top of the organization stands the Board of Directors which has ever been composed of leading citizens of the community who have given unstintingly of their time, executive ability and substance to make the hospital a great one. Morrill, in his "Hospital Manual," wrote: "Board members, accustomed as they are to transactions of the commercial world on a large scale are prone to lack vision when they are placed at the helm of a hospital. They are often inclined to try and transform the science of caring for the sick into a paying business. They sometimes fall into the error of forgetting that their role is policy making, not administrative. The ideal board member is filled with practical humanitarianism, devoid of maudlin pity for the sick. He shuns pettiness of any sort; he believes in education; above all he manifests a desire for fair play in matters that concern patients of all financial and social strata. This type inspires confidence, raises morale and draws skilled and conscientious workers to the institution."

The Rochester General Hospital is indeed fortunate in having had the latter type, rather than the former. Many of the Board have served the greater part of their lives. Mr. Samuel

MISS SOPHIA F. PALMER
Superintendent, 1896-1901

MISS MARY L. KEITH
Superintendent, 1901-1924

Wilder and Colonel James Brackett were members for over forty years and Dr. Edward Moore for fifty-five, and of the present Board, Mr. J. Craig Powers has been a member since 1898.

The Board has, beside the Executive Committee, certain standing committees, namely those on budget and investment, auditing and Medical Board, and nursing, house and grounds and Out-Patient Department, the last three being joint committees with like committees of the Women's Auxiliary Board, which we have so long followed as the Board of Lady Managers. The latter have special committees on nursing activities, housekeeping, social service, Twigs, volunteer services and the special functions of maternity and pediatrics. Of the Women's Auxiliary Board it need only be said, for no praise could be higher, that they are worthy successors of their grandmothers. Mrs. Francis Macomber's appointment dates from 1898.

The Medical Director, Dr. Frank C. Sutton, appointed by the Board of Directors, is sole administrative head of the hospital. His many complex duties now require an Assistant Medical Director supervising professional departments and a Business Assistant Mr. Herbert Willis supervising non-professional de-

FRANK C. SUTTON, M. D.
Present Medical Director

CHRISTOPHER G. PARNALL
Medical Director, 1924-1944

partments. The heads of the fifteen major departments meet with the Medical Director on the first Tuesday in each month for discussion of current problems and activities.

One marvels at the smoothness as the wheels go 'round and the assembly line moves forward. In an article in the "American Journal of Nursing" in 1901, Dr. Charles Angell stated: "A modern hospital, then, is a very complex institution requiring in its management economy on the one hand to satisfy the Board of Trustees, and yet on the other the widest generosity in furnishing service essential to every need. The Superintendent stands between the Trustees, clamoring constantly for more and more economy in management, and the physicians constantly on the alert for the outlay of money in new directions which promise quicker and surer relief to their patients."

Even when the patient is leaving the hospital, he is followed, for he is asked to fill out a questionnaire especially designed to bring out any criticisms he may be able to find. These are carefully checked by the Public Relations Committee, but there are surprisingly few and those very minor ones. He perhaps realizes that he is not "merely a customer, but a partner in a hospital

enterprise operating to serve his needs, for the hospital is not a commercialized institution, its profits lie in its cures and its educational value to the community."

In 1935, Dr. Harry D. Clough started a periodical called the "News Letter," originally intended as liaison between the Medical Staff and the administration. At first a weekly, it is now a monthly but it has expanded into the news journal of the hospital, and serves a wide purpose. It has been most helpful in the preparation of this book.

A word should be said about the personnel of the hospital. The longer one is there, the stronger is the feeling that there is a very unusual *esprit de corps* which manifests itself in all sorts of ways. One way is the "Hospital Life," a monthly sheet, started in 1943 by the employees, "devoted to the hospital personnel in the interest of better service to patients." The editorship rotates from one department to another. It is valuable in bringing to each an awareness of the complexity of the whole in which he or she plays an indispensable part. Usually there is a leading article describing some department and there are personal items, pictures, and amusing happenings and the goings and comings of the personnel. For instance, one item reported that seventeen mothers who work in the laundry had fifteen sons in service and some of them had been cited for bravery in action. There is also a service pin, proudly worn by every employee, with chevrons denoting the length of service, two, five, ten, fifteen and twenty years. There is something remarkable about an institution where eighteen people have served continuously for over twenty years—and one forty-two—at pay that is less than they could command in industry. The answer is not really evident, until you have been to one of their Christmas parties up in the conference room. Then you sense the thing which makes the hospital—they are a family, one and all attached to and lost in something bigger than themselves—something which is expressed best in the well-loved carols in which they join and the bringing of personal gifts of their "hundred skills" to the foot of the Manger.

The concept of a hospital has changed during this century. It

MRS. EDWARD D. MULLIGAN
President, Women's Auxiliary Board

MR. ELLIOTT W. GUMAER
President, Board of Directors, 1944-1947

is no longer an eleemosynary institution for the care of the indigent sick. It is a community enterprise, as one of the Board members said in his will "to the end that human life may be prolonged with increased health and happiness." Medical care in time of illness is the right of a citizen—if he cannot pay for it, the rest of the citizens should, for we ARE our brothers' keeper and we are learning that there cannot be illness and unsanitary conditions anywhere without an effect on the health of the community as a whole. Great educational campaigns toward better health are significant of the times and the medical profession is realizing that its greatest duty is not so much the cure of disease but the eradication and prevention of disease. Such use of wealth as the Rockefeller and Harkness foundations with their emphasis on research and prevention are doing untold good not only in what they actually accomplish along scientific lines but in teaching the people that we are one and that the loss of health of one is a loss to the commuity.

It surprises many to find how cheerful a place the hospital is. The greetings as one goes through the corridors, the sane atmosphere in the sick rooms, the matter-of-fact procedures in the

laboratories tend to make one feel that disease is a temporary episode which will shortly be conquered. Three hundred years ago Sir Thomas Browne said he considered this world "not so much an inn to live in as a hospital to die in." No one could make such a statement today. It surprises many to know that the usual death rate among hospital patients is 2% to 4% and that the reason for its being even as high as that is the number who are brought in almost *in extremis*. The rate would be still lower were the whole knowledge of science applied to every illness and people availed themselves of the skills of an up-to-date hospital before it is too late.

The rising life expectancy means far more than mere length of years, for it is extension of the best years of production of which man is capable. We are dependent through the first eighteen or twenty years of life; it is only from that age on that we can add to the production or the knowledge or the artistic achievement of the race, so that a rise in the life expectancy rate from 40 in 1880 to about 65 today spells extension of the best of life. Rochester expects of the Rochester General Hospital the finest care that can be given her sick, the best education that can be given the doctors and nurses of the future, and a never-ending effort to push forward the boundaries of knowledge by a strong, well-supported research program. The past century gives promise that those aims will be faithfully followed in the next.

Plaque over entrance to Administration building

Hospital Council and the Commonwealth Fund

FROM THE VERY earliest days there has existed a feeling of mutual helpfulness between Rochester hospitals. St. Mary's had already opened its doors before the City Hospital was in operation. Many of the more devoted members of and workers for the Boards were themselves Homepaths and after the foundation of the Homeopathic and Hahnemann, their Boards continued an interest in the City Hospital and this Hospital tried in every way to help its young sisters.

We have seen that at one time community probationary courses were being given when war had made inroads in hospital personnel. In 1922 the hospitals decided to have united hospital commencements, which have been so popular in Rochester ever since. The Superintendents of the various hospitals had often counselled together in regard to their common problems, but these meetings had been purely informal in nature until 1920 when the Superintendents of the six hospitals formed a local council. However, its purpose was still purely advisory.

In 1938, after the McCombs and Smillie surveys, acting on their recommendations, the hospital council was set up, with a full-time paid staff, for the purpose of discussing common problems and procedures which would lead to greater economic efficiency. In December, 1939, this council was incorporated and consists of the Director, Board President, one other Board member and one administrator from each of the six hospitals, with the addition of the city health officer.

The Council has offices in the Reynolds Arcade Building. Its

work thus far has consisted largely of supervision of financial records and cost accounting, with the preliminary work on the subject of communal purchasing; with the matter of wages and salaries in the nursing profession; with credit in the collection of hospital debts and with non-professional personnel. The Central Collection Department has succeeded in collecting many outstanding debts for all the hospitals, but in such a manner of friendly advice that there has been no alienation of interest in the hospitals. The Council has also conducted a radio program to educate the public in the field of hospital service.

In 1918 in New York City there was founded by Stephen Harkness and members of his family the Commonwealth Fund, with a nucleus of ten million dollars, which has grown to fifty million. The directors of the Fund have been especially interested in improving medicine and hospitalization in rural areas. They set about to find a district which would be ideal for the purpose they had in mind. After examination of many suggested districts, the choice was narrowed down to Richmond and to Rochester. It must be a district which already provided small community hospitals grouped about a city of outstanding scientific and hospital achievements. Through the efforts of the Hospital Council, the choice fell on Rochester and seven counties. There is a strong nuclear council to carry on programs in the field of medicine and hospital care; means are being devised for increased education; and a survey conducted of all facilities in the district to find out the weaknesses, in order that grants may be made for increasing the existing facilities.

The grant for this experimental work was made to Rochester in 1945 and consists of $275,000 a year for five years, of which $75,000 is ear-marked for administration and educational purposes and the remaining $200,000 for capital aid to rural hospitals for buildings and equipment. The counties covered are: Monroe, Orleans, Wayne, Livingston, Ontario, Steuben and Yates. In this district there are 17 hospital members, all being non-profit community hospitals. These include Rochester's six hospitals.

It is too soon to put even an approximate evaluation on the

tremendous potentialities for good which this plan carries. One of its first concrete acts was to send from the Rochester General Hospital an interne to the Geneva General Hospital. This hospital has 120 beds, has good equipment and has a staff of 30. Dr. Aufderheide, the first interne to be sent on this grant, has returned from his two months in Geneva and cannot speak too highly of the co-operation which he received. The hospital had, of course, never been able to have a resident physician and it had often been some time before a local doctor could be located to handle emergency cases. At the end of his stay, the student nurses were being taught more, better records were being kept and autopsies—"one of the determining points in evaluating a hospital" by the College of Surgeons—had risen from 4% to 80%. He felt that he had received more than he had given and was most enthusiastic about the whole experience. Another young doctor has taken his place and other hospitals in the district hope soon to avail themselves of a like advantage.

THEN AND NOW

Then, bleeding, cupping and blistering: now, transfusions of blood and plasma.

Then, wooden beds with straw filled ticks: now, Gatch beds and air mattresses.

Then, two untrained nurses for a hospital of 119 beds: now, 113 student nurses and 116 graduate nurses for a hospital of 387 beds.

Then, one cook and a maid: now, 265 non-professional employees.

Then, operations in the reception room with doctors operating in street clothes without masks or gloves: now, four modern operating rooms with all the latest equipment.

Then, donations of a jug of milk or two jars of jelly; now, mass purchasing.

Then, eight private rooms and all other patients in wards: now, 146 wards beds, 106 semi-private beds, 89 private rooms and 63 bassinets.

Then, a weekly class and 50 staff lectures for nurses: now, 1,234 hours of classes, lectures and demonstrations.

Then, it was hardly considered safe to have a baby born in a hospital; now, it is hardly considered safe to have a baby born outside a hospital.

Then, the average hospital stay was 71.8 days; now, the average stay is 8.6 days.

Then, there were no X-rays, no biological laboratory, no dietitian, no trained nurses, no medical social service, no electrocardiography, no oxygen, no intravenous therapy, no physiotherapy, no metabolism tests, no O.P.D., no photography, no research, no adequate records.

Hospital of the Future

THE CURES, the care, the education and the research which the hospital has to its credit are the recompense of those generous donors throughout the years who have made possible this first century of service. No individual and no organization should live on its past and its history is of importance only as building the foundations and traditions for future development—a sort of spring board for further advancement into the next century.

And so it would be incomplete to end this story without some reference to the needs and hopes of the hospital of the future. First, for expansion, there are needed immediately a capacity for 175 more patients, enlargement of laboratory and service facilities, expansion of the X-ray and physical therapy department, modern living quarters and teaching rooms for the School of Nursing, office space for members of the Medical Staff, adequate housing for the expanded Resident Medical Staff, and a 50-bed unit for the treatment of mental illness. "This is the great error of our day in the treatment of the human body, that physicians separate the soul from the body." This is a quotation, not from a modern psychiatrist, but from Plato. Today, progressive hospital authorities are urging adequate facilities for the care of mental illness in general hospitals. There is need, too, for accommodations for alcoholics suffering from what is now generally recognized as a disease.

For investigation and research are needed financial support for studies in such problems as metabolic diseases ($5,000), industrial diseases ($5,000), a biochemist for study of glandular diseases ($5,000), cancer ($10,000), tropical medicine ($10,000),

arthritis ($10,000), public health problems ($10,000), mental illness ($10,000), heart disease ($25,000), and medical problems of the aged ($25,000).

Since the hospital stays are so much shorter, the discharged patient often suffers from his inability to find surroundings conducive to proper convalescence. There should be a convalescent annex of 25 to 50 beds where patients could be transferred before going home. This would be not only a gain to the patient, but it would make possible more room for those acutely ill.

At the dedication of the hospital in 1864, Mr. George Mumford, president of the Board of Directors, said: "With the ladies, to see the difficulty and to undertake to remove it were simultaneous acts." Surely Rochesterians of 1947 are no less civically minded than their grandparents.

Medical Staff, 1863-1925

by STEARNS S. BULLEN, M. D.

WHEN Margaret O'Brien, the first civilian patient, was admitted to the Rochester City Hospital in February, 1864, the staff consisted of Drs. Henry W. Dean and Harvey F. Montgomery. The increasing demands of hospital work soon required additions, and in October, 1866, the following members were appointed: Drs. John F. Whitbeck and H. H. Langworthy, visiting surgeons, and Drs. William F. Ely and David Little, visiting physicians. Dr. Charles E. Rider served as the house physician and surgeon from the opening of the hospital until 1867 when he was appointed to the special department of the "eye and ear," and thus became the first "specialist." He also laid the foundation for the Out-Patient Department by establishing the "out-door eye clinic."

In 1872, on account of efforts of physicians of the city to secure positions on the staff by pressure brought to bear upon the Trustees, it was decided that a definite organization of the staff should be made and that thus all matters connected with the medical and surgical interests of the hospital could be properly regulated by official cooperation between the Board of Trustees and the staff. Dr. H. F. Montgomery and Dr. E. V. Stoddard were elected president and secretary, respectively.

As evidence that these officers and their successors served faithfully and well is the fact that in more than 50 years there were six presidents: Dr. Montgomery, 1872-1884; Dr. H. H. Langworthy, 1884-1886; Dr. David Little, 1886-1898; Dr. J. F. W. Whitbeck, 1898-1916; Dr. H. J. Williams, 1916-1924, and Dr.

C. D. Young, 1924-1926; and four secretaries: Dr. E. V. Stoddard, 1872-1898; Dr. C. A. Dewey, 1898-1916; Dr. C. D. Young, 1916-1924, and Dr. A. D. Kaiser, 1924-1926.

For forty-five years the responsibility for maintaining a proper standard of medical service was vested in "the Visiting Staff" and, of necessity the "Staff" assumed authority over all phases of medical policy, including not only the appointment of house officers and additional members of the staff, but also such matters as deciding upon the desirability of specialized departments in the hospital, e.g., obstetrics, ophthalmology, ear, nose and throat, orthopedics, etc. If at times the ruling seemed unduly arbitrary and based on prejudice to those seeking to introduce innovations, they can be understood in the light of the discussions recorded in the minutes of the staff meetings which clearly indicate the determination of the staff members to put the welfare of the hospital ahead of any petty concerns of themselves or of others.

The Medical Board largely took over the responsibilities and prerogatives of the Staff in 1921, but the original Staff organization continued for five years after the formation of the Board.

For the first score of years of the hospital's existence, the Staff was mainly concerned with keeping the young institution going with as great efficiency as the medical knowledge of the time and the available funds permitted. The selection of proper house officers occupied the major portion of the time of its business meetings and at times presented difficulties because of the scarcity of available candidates and because not all those selected were willing to complete their terms of service. In 1877, an especially delicate problem arose when Dr. Coe of East Avon made application for a position in the hospital for a woman student. After much discussion, the application was "very gently laid on the table and the secretary was instructed to inform Dr. Coe that such a position was not vacant."

Rules governing the conduct of the house officers in relation to the care of patients seem to have been relatively easy to formulate, but when conflicts arose over the relative authority of these officers, the matron, the housekeeper and later the superintendent

of nurses, more difficult problems arose and led with other things to the often recurring statement that the hospital should have a male superintendent.

The nursing care of the patients was given serious consideration. In 1880, Dr. W. S. Ely presented a resolution that "it is the opinion of the Staff that the nursing of the Hospital is one of its most important features and that at least one trained nurse be employed as soon as practicable."

Not long after this, a training school for nurses was organized largely through the efforts of Dr. Ely, and the members of the Staff served as teachers in many subjects, held the final examinations and arranged the graduation ceremonies.

The first addition to the original staff was made in 1883, when Dr. Charles A. Dewey was made "Assistant Physician and Surgeon." Only three more appointments were made prior to the organization of the Out-Patient Department in 1889, when the additional work required many additional physicians.

The members of the assistant staff were invited to attend the Staff meetings and to take part in the discussions, without, however, having the privilege of voting. This invitation was accepted by some of the assistants for a few years and then it seems to have been forgotten.

In the later 1880's, there was a great upsurge in the activities of the Staff. Not only was there an increase in the medical work of the hospital through the establishment of the Out-Patient Department, but the plans for a new operating pavilion were studied and finally completed; patients with phthisis were excluded from the public wards because of the "contagiousness" of the disease and much study was given to the milk supply of the hospital because bovine tuberculosis had been found in the herds from which the milk supply was obtained.

Undoubtedly the interest and enthusiasm of the Staff members were important factors in bringing about many improvements in the scientific work of the institution as well as in its physical plant, but the new "germ theory" of disease with all its implications must also have played a part.

Prior to this time the room which is now the doctors' lounge on the first floor of the central building was the operating room. It was not until 1885 that the carpet was removed from its floor and as late as 1889 it was the place where coroners' juries sat, and was used as a library with the books stored in book-cases around its walls. Occasionally a surgeon sharpened his knife on his boot (observed by Dr. C. D. Young). Under such circumstances, wound infection was usual, but if the wound showed only "laudable pus" without evidence of gangrene, recovery generally occurred.

Coincident with the opening of the new surgical pavilion, the gift of Dr. J. F. W. Whitbeck, in memory of his father, Dr. John F. Whitbeck, a member of the original Staff, a great change occurred. In February, 1890, the minutes of the Staff meeting record that the "aseptic question" had received much study, and from that time there was gradually developed the technique of meticulous scrubbing of the hands prior to operating and later the use of sterile gowns and rubber gloves.

The new surgical pavilion stood on the site of the present central wing of the hospital. It was connected to the hospital proper by a corridor between the second floors. In later years the great increase in the number of operations necessitated the use of this corridor as a recovery room after operation when the rooms originally designed for that purpose became overtaxed. This became a matter of serious concern to the staff who recognized the harmful effects of the appearance and actions of partially conscious patients on those being brought to the pavilion.

That "general practice" was the order of the day is indicated by the apparent ease with which a vacancy in the surgical staff was filled by switching a physician from the medical to the surgical side. Drs. E. W. Mulligan and F. W. Zimmer, who in later years were among the most active surgeons in the hospital, received their first staff appointments as assistant visiting physicians, and for some months following his appointment in 1896, Dr. Mulligan held the rank of visiting physician, until transferred to surgery when a reorganization of the staff occurred together with an increase in numbers.

Just before the turn of the century, the Staff was requested to establish a department of obstetrics and to permit the organization of a clinic for diseases of children in the Out-Patient Department. The requests were not granted, apparently because of the feeling of the Staff that all doctors were qualified to attend confinement cases and to treat children.

The department of obstetrics was finally established and Dr. William M. Brown was appointed obstetrician to the hospital and was charged with the responsibility of supervising the deliveries in all ward cases and instructing the house officers and nurses in obstetrical matters. It was not until 1916 that a special department of pediatrics was organized, with Dr. Joseph Roby as its head.

In spite of this reluctance to remove pediatrics and obstetrics from the field of general practice, specialization in some fields was accepted. In the '90's Dr. Wheelock Rider (the son of Dr. Charles E. Rider) was chief of ophthalmology, Dr. L. A. Weigel of orthopedics, Dr. J. L. Roseboom of dermatology, Dr. E. B. Angell of nervous diseases and Dr. John O. Roe of laryngology.

In 1898, the status of women physicians was first recognized when "Miss Sarah H. Perry and Mrs. Marion Craig Potter" were recommended by the Staff to the Board of Directors for appointment to the Out-Patient Staff.

The increase in medical work, both in the hospital and the Out-Patient Department, as well as the organization of specialized departments brought about a gradual increase in the number of staff members, mostly in the junior grades. Policies and decisions were still the responsibility of the "Visiting Staff." (The junior ranks were called "assistants in the house," and "other assistants.")

The Out-Patient physicians were directed to organize and through their president to communicate with the staff relative to any problems which might arise. That this machinery of communication did not always work smoothly is indicated by the fact that "the Staff" at one time ruled that any Out-Patient physician who had a case in which the outcome seemed doubtful should seek consultation with a member of the senior staff, and at a later

date the Out-Patient physicians formally complained that in spite of repeated requests, consultants were not available.

In the years just preceding the formation of the Medical Board of the Staff, the junior physicians made several feeble attempts to hold clinical conferences in the Out-Patient Department at which cases from the various clinics were presented and discussed. These conferences died lingering deaths from lack of attendance, but from them grew the first monthly staff meeting which was organized under the guidance of Dr. Loren Hawk, president of the Junior Staff.

By 1920, there had grown a strong feeling that there was some measure of injustice by the continuance of a system in which the executive functions of the Staff were controlled by the small group in the so-called Visiting Staff, while a considerably greater number in the junior grades had very little voice in determining policies in spite of their loyal and efficient work in the interests of the hospital. This feeling culminated in a reorganization of the Staff along more democratic lines with the Medical Board giving representation to all ranks.

Medical Staff, 1925-1947

by WILLIAM A. MACVAY, M. D.

FOR MORE than seventy years the professional administration was vested in a "Visiting Staff." Those outside of this "Visiting Staff" did loyal and efficient work in the interest of the hospital and of their superiors, but there grew up a feeling that there was a measure of injustice in the continuance of a system in which those who did such loyal work for the institution had no voice in the direction of its policies. This feeling culminated in 1919 in a demand for some form of reorganization of the professional administration of the hospital.

It was believed that any reorganization, to be successful, must be founded on a wider and more democratic representation from every division of the institution. The Visiting Staff, in whom formerly rested the administrative function, entrusted the study of the conditions to a special committee which, after a careful survey, suggested a plan by which the professional administration of the hospital should be taken from the Visiting Staff and vested in a new body to be called the Medical Board. This plan was earnestly discussed and after some modification, was sent to the Board of Directors with a recommendation for its adoption and it was so adopted in January, 1920.

This plan gave representation in the government of the hospital to every department of the service and furnished a means whereby every staff in the hospital could sit in council and be informed what work was to be done.

With all this in mind and with a full sense of the difficulties before them and yet with a firm intent to give the hospital the

EDWARD W. MULLIGAN, M. D.
Medical Staff, 1889-1930

WILLIAM M. BROWN, M. D.
Medical Staff, 1906-1928

best that was in them, the Medical Board was organized and began its work on January 26, 1920.

The Medical Board, which is composed of the Chiefs of Service from each department, at the present time numbering ten, along with the directors of the laboratory and X-ray departments, the Medical Director *ex officio,* together with two elected representatives of the Visiting, Associate and Junior Staffs, meets regularly every month with the Medical Committee of the Board of Directors for discussion of matters relating to the professional administration of the hospital and to consider any communications or recommendations which may be received from the various staffs or departments of the hospital. The fact that this scheme, devised in 1920, has remained practically unchanged throughout the years attests to the soundness of the principles upon which it is based.

The first meeting of the Medical Board was held at 35 Chestnut Street in the home of the Rochester Medical Association. The officers elected at that time were: Dr. E. W. Mulligan, President; Dr. W. M. Brown, Secretary. These two ably directed the activities of the Board for many years and are in a great

measure responsible for the early policies, principles and ethics which have remained unchanged throughout the years.

In the first annual report of the Board submitted in 1921, note is made of the fact that the hospital had been inspected by the American College of Surgeons and was rated as complying with their standards. This rating has remained unchanged throughout the years. It is also of interest to note that each member of the Board was assessed the sum of $1.00, "to supply record books, etc., for the Secretary's use."

The annual report of 1921 lists 67 physicians on the various staffs. The 1946-1947 staff lists number 233. This latter figure includes members of the Honorary Staff—Drs. Edward B. Angell, Charles D. Young and Christopher G. Parnall—as well as consultants, visiting, associate and junior members of the various departments of the hospital. Attesting to the loyalty and interest in this hospital one finds many names appearing in the list of 1921 still on the list which appears twenty-six years later.

On the consulting staff report of 1921 appear the names of Drs. Edward Wheelock, Charles A. Dewey, George W. Goler, J. Livingston Roseboom, Joel M. Ingersoll and Charles E. Darrow. From this list we record but a few who have passed on: Drs. E. W. Mulligan, Henry T. Williams, Frederick W. Zimmer, John R. Booth, Charles L. Hincher, Owen E. Jones, Edgar W. Phillips and Edward S. Amsler. Since then many more who contributed so wholeheartedly of their time and interest to the improvement of the hospital have left us, and we pause a moment out of respect to all of those who have contributed immeasurably to the institution as we know it now.

In the earlier days of the Medical Board, even as now, the problems were important and varied. At one time, one of our most esteemed surgeons reported on the unusual delay in performing a surgical emergency. Times apparently are unchanged. Investigation revealed that there were but two sets of surgical instruments in the Operating Pavilion and so many were so antiquated and useless that it was a Herculean task to quickly assemble enough proper instruments to do what had to be done.

The Sunday conference in its early years. Now this meeting is held on Friday mornings

Out of these early difficulties the Medical Board set up various committees with a variety of names and duties to supervise the work in the Operating Rooms. These same committees continue today. They have widened their scope considerably since those earlier days and now include all phases relating to surgery, such as the blood and plasma bank, the control of parenteral fluids of all kinds, standardization of techniques, etc., etc.

The matter of professional ethics has always concerned the Staff and the Medical Board. The archives reveal a yard long paper titled "Pledge." It reads: "To the Board of Directors of the Rochester General Hospital. In accepting the honor and responsibility of a position on the Staff of the Rochester General Hospital, I hereby agree: (1) to abide by the rules and regulations of the hospital and to adhere at all times to the well recognized, lofty principles governing the reputable practice of medicine and surgery. (2) that as a principle I shall not engage in the division of fees under any guise whatever, nor knowingly permit any agent or associate of mine to do so. (3) to exercise to the best of my ability a constructive interest in the hospital and to cooperate in making it as potent a factor as possible in the preservation of public health in this community." This pledge was promulgated in December of 1920 and the names of 58 physicians are thereto appended. Later lists either were not made or are not available. However, the code of ethics, as set forth for all physicians, has been a rigid requirement of all Staff members and it is with great satisfaction that the records reveal that there have been but very few deviations there-from.

Professional meetings have always played an important part in the activities of the staff. Monthly meetings have always been held at which clinical and administrative matters were discussed. In 1921 the president of the staff reports with satisfaction that there is an average attendance of 35. In addition to the monthly staff meetings the weekly staff conferences, initiated by Dr. E. W. Mulligan, have been outstanding. They were originally held on Sunday mornings at eleven in a small 20'x30' conference room, known at one time as the Lady Board Room, sumptuously

furnished with several hair cloth sofas and chairs, and overlooked by portraits of stern visaged ladies of an earlier day. An early photograph taken in this room shows the staff and one wonders how they could pack so many in so small a space. Dr. Mulligan was the guiding light of these conferences for many years. Each week he would first present some interesting phase of medical history. Clinical reports and discussions followed. Many new and novel ideas were presented. Dr. Mulligan ruled his conference with an iron hand and many cases were presented at the conclusion of which he would say: "And what do we get out of this?"

The popularity of these meetings was so great that they were transferred to the present Conference Room in the Whitbeck Memorial Building. These same conferences are now held on Friday mornings at 11:30 and have increased in popularity throughout the years. Much thought and attention goes into them. Modern colored photography of gross and microscopic specimens, excellent presentation of material and well prepared discussions make these a potent educational factor for the staff. Whereas the early average attendance in 1921 was 35, at the present time it is 100.

The Medical Board has always been vitally concerned with the education of its resident staff as evidenced by the creation of an appropriate committee in its early days. The records contain many reports of this committee and it has kept in step with the changing needs of the interne group. At the present time it numbers 34. This is in excess of the usual number due to the fact that the hospital has attempted to continue the training of these young men whose service was interrupted by the recent war. At present, in addition to giving these men proper training in the many phases of medical practice, it has the responsibility of teaching the resident group so that they are properly trained and qualified to pass the examinations of the various specialty boards. At the present time the trend seems to be for all young doctors to become qualified specialists. One wonders what is to become of the familiar figure that was at one time so necessary and revered as the General Practitioner.

William S. Ely, M. D., and Edward W. Mulligan, M. D., in consultation

The foregoing represents in part a chronicle of the Staff as reflected in the activities of the Medical Board. The minutes reflect the changing times. They report the resignation of Miss Mary Keith, Superintendent for many years, and the very able direction of the hospital for 21 years by Dr. Christopher G. Parnall, who retired in 1945. Note should be made of the faithful service of Dr. Harry D. Clough, whose untimely death in 1942 ended a career of greatest devotion to this institution.

World events and modern trends have been reflected in the activities of the staff. During the depression years of the 1930's the free services of the hospital were taxed to the utmost and all gave willingly of their time. In the latter thirties many doctors fled from Europe and sought refuge in this country. As this staff has never made exception as to race, creed or color, when possible, refugee physicians were accepted on the staff.

When the United States entered into war in 1941 this event was also reflected in staff activities. Many members left for military service. Those who remained at home did yeoman service. Those who had retired once more came back to serve the hospital in ward and clinic. They worked in blood banks, civilian defense, planned for disaster emergencies and worked long and arduous hours. The staff very generously contributed to a Military Fund which could be drawn upon by military members and their families.

With the return to peace, those in service have returned to the hospital in the position they relinquished. They have eased the burdens of those at home. They have found a hospital humming with activity in every department. The hospital is operating at nearly 100% capacity most of the time and there is a crying need for more room throughout the hospital. Human relations remain the same, and those problems and difficulties which faced our predecessors are in many respects those of today. The high standards which have always motivated this hospital from its beginnings makes one proud to be on the Medical Staff of the Rochester General Hospital.

Medical Staff and Internes

by CHARLES R. WITHERSPOON, M. D.

THE SYSTEM of internes is the means by which the immediate medical care of hospital patients is carried out; through the Resident Physicians, the desires and orders of the Attending Physicians are transmitted into action with such additions and alterations as seem at the moment advisable.

The first resident physician and surgeon at the Rochester City Hospital was Dr. C. E. Rider. He served from 1864 to 1867. The number of residents was soon increased to two, and gradually more have been added through the years. The length of their service varied from time to time, at present there are 21 residents and assistant residents, 13 internes and the length of the service is one to four years.

From the opening of the hospital and the creation of the Medical Staff, it is evident that the Staff intended to have the resident physicians under its close supervision. This was shown clearly in the Rules for House Officers: "Three, or more, Resident Assistants to the Medical and Surgical Staff shall be appointed. They shall be termed the Senior, Junior, Third (etc.) House Officers, and shall serve for the full period of their appointment, unless sooner relieved. They shall reside in the hospital and render their professional services gratuitously and exclusively to its inmates, under the direction of the Attending Medical Officers. They shall carry out the instructions of the Attending Medical Officers of the hospital as to the care, arrangement and treatment of patients; they shall accompany such Officers, and Physicians visiting private patients, on their stated visits as required."

The Senior House Officer must really have been a man of parts. He was to contain within himself the knowledge and abilities of a physician, a pharmacist (in the early days of medicine physicians often compounded their own medicine), a quarantine officer, a janitor, and an arbiter of manners and morals. He was to have charge of the Dispensary and all medical and surgical appliances; to see that prescriptions were promptly and carefully dispensed, and that all instruments were in a serviceable condition; to have charge of the Surgical Pavilion; to maintain proper ventilation in the wards; at all times to preserve gravity, decorum and a serious interest, especially during all operative procedures; to report any disorderly conduct on the part of any inmate of the hospital to the Attending Medical Officers; he might refuse admission to the hospital to any case of contagious or infectious disease, until the advice of the Attending Physician or Surgeon could be obtained. In addition to these duties he had clerical and administrative functions: he was to keep a full clinical record of all cases in the hospital, making such entries as the Attending Medical Officers directed and to report all births and deaths to the Recorder; to make a daily morning and evening visit upon each patient; to request the Recorder to notify the relatives or friends of patients who may be seriously ill, and to send for such religious advisor as the patient may desire. There was apparently an effort made to allow this burdened individual a chance at times to eat, sleep and perhaps leave the hospital for rest and recreation, for it was further provided that, "although the hospital should not, at any time, be left without the attendance of two of the House Officers, in the performance of the foregoing duties, the Junior and other House Officers should render such aid as may be required by the Senior House Officer, and in the absence of the latter should assume his authority, in the order of their appointments.

All appointments to the position of House Physician were to be made on the nomination of the Staff. This was agreed to by the Trustees. The Staff also decided that House Physicians should be Undergraduates but this continued only for a short time. At times

Internes and resident physicians receive systematic training

it was hard to find suitable "assistants," as the resident physicians were called, and the Secretary was to canvass the graduating class of Buffalo Medical College or to write to some prominent physician in New York or Philadelphia to secure candidates.

In 1876, the Staff resolved "In view of the extra duties devolving upon the Senior and Junior Assistants, they should not be charged for board and room." Did they by any chance have to mop the floors and paint the walls in addition to their regularly prescribed duties.

There is a record between 1914 and 1920 of discussion by the Medical Staff of the need of systematic teaching for the interne body—previous to that any teaching which was done was entirely at the option of the Visiting Physicians and the internes of the early days have no recollection of the members of the Visiting Staff taking up the option; after 1920 and the formation of the

Medical Board, there was an effort to make the teaching of internes an obligation for the Staff and there is now a regular committee on Interne Education. The present Friday Conferences, initiated by Dr. Edward W. Mulligan, as a surgical conference on Sunday mornings, systematized and broadened by Dr. Harry D. Clough, has possibly been the greatest factor in this teaching. This is supplemented by many meetings of the special departments of the Staff and by the regular bedside clinical teaching of the Visiting Staff; so that now no interne avid for knowledge will be turned away hungry from the bountiful supply.

The Interne System with its division into residents, assistant residents and Internes has become a vital factor in the orderly scientific work of the hospital. Internes, selected from graduates of approved medical schools, for a one-year period of supervised training in the hospital, come from all sections of the United States and Canada. Many remain for advanced training in the hospital as assistant resident physicians and residents. The appointment of residents in the various specialties adds greater efficiency. The resident of today has had a preliminary medical education far beyond that of his professional brother of a few years ago and so is able to add much more to the care of patients and to his own professional development.

Medical Staff and Laboratories

by CHARLES R. WITHERSPOON, M. D.

IT IS A FAR CRY from the laboratory of the medieval alchemists to the present-day pathological and clinical laboratories of the modern hospital; from the search for the transmutation of baser metals into gold and the purveyance of poisons and love potions, to the study of the causes and results of disease and the evaluation of the laboratory findings as aids in the diagnosis and treatment of the sick. There is one thing they have in common, though certainly in different degrees—scientific research is their aim.

The laboratories, from which the founders of the American Medical Laboratories took their inspiration, were primarily for the study of disease and were mainly German and French. The two men who did the most to start and develop this fundamental branch of medicine in the United States were T. Mitchell Prudden in New York City at the College of Physicians-Surgeons and William H. Welch in Baltimore at Johns Hopkins Medical School. Both these outstanding men, through their own work and through their students, laid the foundation in this country for the scientific study of disease. They were not primarily interested in the clinical laboratory as an aid to diagnosis and treatment in every day practice of medicine, though Dr. Prudden recognized its value, a function in which our hospital laboratories of today are increasingly helpful.

Clinical pathology as a specialty began in the late seventies, perhaps first in New York, where it was practiced by Welch, Prudden and others who soon became eminent. In the nineties,

it became more widely recognized as a valuable aid in diagnosis.

Early records of the Rochester City Hospital speak of the appointment of Dr. David Little (one of the original Staff) as Pathologist of the hospital. This doubtless meant merely that he was to do any autopsies for which the hospital was responsible. Later, his son, Seelye Little, held the same position and as pathologist headed the first organized clinical laboratory in the Rochester City Hospital (and, we think, in the city). This was in 1901; the place was quite properly above the morgue in a wooden building, and stood where the present East Hall now is. The laboratory was in a large room on the second floor and was reached by an outside staircase. The amount needed to make the room usable for a laboratory, $1,000, is said to have been given by James C. Hart.

Dr. Seelye Little had as his underlings Drs. Charles O. Boswell, who was the bacteriologist; Michael L. Casey, who used the microtome and examined the tissues; Joseph Roby, who peered into the microscope to see what blood would tell, and Charles R. Witherspoon, who attempted various chemical analyses. The equipment asked for was: a freezing microtome, $12.00; an electrical centrifuge, $30.00; two platinum dishes, $21.00; glass covered table, $14.50; an apparatus for determining the quantity of sugar in fluids, $35.00; an apparatus for preparing culture material, $22.50; glassware for bacteriological and chemical examinations, $50.00; total cost, $185.00. Certainly a meager equipment by any standard. The total number of examinations (kinds not stated) for 1904 was 583; for 1914 (also no details) 1,309. During the rebuilding of the hospital in 1909-1910, the laboratory was on the ground floor of a five-story brick house at 292 Troup Street near the corner of Reynolds Street and on the hospital property. When the hospital was rebuilt the laboratory was moved to the second floor of the Administration Building over the main entrance; later to the side corridor where it now is in greatly enlarged quarters. At first Dr. Herbert R. Brown was employed for part-time; later Dr. Harper Stowe was made full-time pathologist. He was adequately trained for the position and

had faith in the value of his work and a constant desire to give his best, so he fixed the foundation of the laboratory on a firm and broad base. This contributed greatly to its later orderly and progressive development. Dr. Stowe was succeeded by Dr. Istvan Gaspar in the fall of 1926. Dr. Gaspar brought to the laboratory from Budapest (after some difficulty with the immigration authorities) a great knowledge of pathology and other matters and a limited speaking acquaintance with the English language. In spite of this handicap, which became progressively less, he added much to the Friday Clinical Conferences and the reports from the laboratory were of definite value in patients' clinical problems. He brought to the laboratory new and improved methods as they developed, thus broadening its work. Dr. Gaspar left the hospital in July, 1942, and Dr. Milton G. Bohrod took his place in September of the same year.

The laboratory as presently constituted is divided into five departments: Haematology and Urinalysis; Bacteriology, Chemistry, Pathological Anatomy and Photography. Haematology has largely to do with disease of the blood and generalized infection; urinalysis with the diseases and infections of the kidney and bladder; bacteriology with the kinds of infection and their progress, either those found in the blood stream or in the openings into the body and the organs into which the openings lead; chemistry with the changes in the amount and kind of the various chemical substances in the fluids of the body and in the blood; pathological anatomy with the gross changes in the body brought about by disease and in the minute microscopic changes found in diseased organs or tissues.

Photography, especially in color, has become extremely valuable in illustrating clinical papers at the Friday Conferences and in making a permanent record in their natural colors of diseased tissues or organs.

In 1940, 60,000 examinations were made in the laboratory, in 1946, 75,000. The number is not a good index of the work done, as many of the more recent tests are much more difficult and require longer time and more complicated apparatus. The intro-

duction of new methods of treatment may bring into use new laboratory procedures and lessen the value of present ones.

Since 1942 the usefulness of the laboratory has grown greatly. There has been an increase in clinical examinations and in their value for the treatment of patients. Equally important has been the increase in the use of the laboratory as a teaching medium. Dr. Bohrod likes to teach and teaches extremely well; and his discussions of pathological anatomy and physiology at the Friday Conferences have made them much more interesting and instructive.

Medical Staff and the Out-Patient Department

by CHARLES R. WITHERSPOON, M. D.

THE DISPENSARY, the later Out-Patient Department, originated in London in 1687. There a group of physicians offered to care for the sick poor without charge. The offer was sent to the Lord Mayor and Aldermen but was opposed by the pharmacist's guild. However, in 1696, a fund was established to purchase necessary drugs and the first dispensary was opened in the building of the College of Physicians. Its purpose was to treat the sick poor and when needed, to visit them in their homes.

The first dispensary in the United States was in Philadelphia in 1786; one in New York followed in 1790 and one in Boston in 1796. At first, in all of them, patients were admitted only when recommended by the subscribers. In Boston, a subscriber could have two patients under care for each annual five dollar subscription. This arrangement did not work very well and the present admittance methods were started in 1856. In 1800 there were three dispensaries in the United States; in 1900, 100, and in 1920, 5,000. The earlier dispensaries were separate organizations, but later doctors saw the value of them as teaching units, and they were attached to hospitals. Hospital dispensaries, now called Out-Patient Departments, treat ambulant patients, sending into the hospital those needing bed care and continuing the care of patients from the wards of the hospital who have become ambulant.

In the Rochester City Hospital, Dr. Charles E. Rider became the first house physician and surgeon in 1866. Upon his resigna-

tion the following year, the Directors appointed him to found a special department for Eye and Ear Diseases, a branch of medicine in which he had become especially interested, thus becoming the first specialist on the Medical Staff. He not only took care of bed patients in the hospital but also treated free, out patients in the hospital building. This was the actual start of out-patient work in the hospital, although it was not a separate department until almost twenty years later. The need of development along this line was felt by many of the doctors, especially Dr. Charles Rider, his son, Dr. Wheelock Rider, and Dr. William S. Ely, and plans were made, but funds were lacking for putting them into operation.

In 1888 the way was opened by Mrs. Jewell of Vineland, New Jersey, who wanted to make a gift in memory of her parents, Mr. and Mrs. Magne, who had been pioneer settlers of the little town on the Genesee. Hearing of the need, she came to Rochester and after conversations with the doctors particularly interested, gave $3,000 for a building to be known as the "Magne-Jewell Memorial Free Out-Patient Department of the Rochester City Hospital." This building, with a later addition, was used until 1909 when, being completely out-grown, the Children's Pavilion was remodeled for the O.P.D. and this was used until the present building was built on the same site in 1930. Beside the main agitators already mentioned, Dr. Henry W. Dean and Dr. Charles Dewey also backed the project. One whole floor was fitted for Dr. Wheelock Rider's clinic, where in the first six months, he cared for 583 visits and performed 19 operations. Dr. W. W. Ely had a broad vision and saw the need for clinical O.P.D. facilities for all medical and surgical patients. At the dedication ceremonies, Dr. Ely said: "An eye and ear department has already been organized and is in operation under the charge of Dr. W. Rider. Other departments will soon be opened."

At the end of six months, there were already eight clinics under eight attending physicians. These first clinics were in medicine, surgery, and orthopedics and diseases of the mind and nervous system, of women and children, of nose and throat, of

skin, of eye and ear, and met at varying times on different days of the week.

The first meeting of the O.P.D. staff was held April 10, 1889, after the receipt of "Rules for the Free Out-Patient Department of the Rochester City Hospital," which had been sent by the Medical Staff of the hospital. It was to remain under the general direction of the Hospital Staff, which was to appoint the staff of the O.P.D. to hold office during its pleasure; this O.P.D. staff was to organize with a president and a secretary, through whom all communications with the Hospital Staff were to be made, and they were to arrange all clinics subject to the approval of that body. It was designed to give relief solely to indigent patients; no charge was to be made to any patient for advice or treatment except when medicine or surgical appliances were furnished and then at cost or less; no patient was to be refused treatment when an attending doctor was sure he could not pay; a clinical record was to be kept of each case treated and a monthly report of the various departments made to the Staff of the hospital; any case needing bed treatment in the hospital was to be referred to the attending physician or surgeon of the hospital.

The minutes state: "Dr. A. Dann, Dr. L. Weigel, Dr. J. L. Roseboom, Dr. C. Mandeville, Dr. E. W. Mulligan, Dr. W. Rider, Dr. R. O. Backus and Dr. W. B. Jones having been appointed (by the Hospital Staff) to conduct our Out-Patient Department of the City Hospital, met for organization." Dr. Wheelock Rider was elected the first president of the O.P.D. Staff and served until he resigned in 1906. Dr. Lewis Rose was elected the first secretary. Dr. Rider proposed that the object be stated to be "consultation and action relative to matters pertaining to the said department" and meetings were to be held at the call of the president or any two members. The officers were made a committee "to provide and send to members of the Monroe County Medical Society prospectuses of the Aims and Intentions of the Free Out-Patient Department and cards for use in referring patients to the same." The expense of this was to be assessed upon the members of the staff (apparently they not only gave their services but of their

substance to support the work). The problem of who should be admitted to the O.P.D. comes up repeatedly through the years.

Within four years, five of the original eight O.P.D. physicians had resigned, and there remained Drs. W. Rider, L. A. Weigel and J. L. Roseboom, all of whom served for considerable periods. In January, 1892, Dr. H. W. Henckell was appointed to the staff as assistant in the department of women "especially to serve the German speaking patients." This is the first official attempt to meet language difficulties which have plagued the doctors down the years. In 1898, Dr. Marion Craig Potter was appointed to the staff. She was the first woman to serve as physician.

In 1902, there was a reorganization on recommendations made by a representative of the O.P.D. staff and Dr. John F. Whitbeck, president, and Dr. Charles A. Dewey, secretary, of the Medical Staff. These regulated the number and hours of clinics, both daytime and evening, and determined the amount of time to be given by those doctors who were conducting the clinics. "The Directors unite with the Staff in urging prompt and careful service by all physicians, so that the work of the O.P.D. may be extended and made useful to all concerned."

Upon the opening of the present O.P.D. building in June, 1930, an O.P.D. committee from the Medical Staff was appointed to make rules for the medical work of the department and to advise and supervise it; this committee was to act with and have reports from the newly appointed medical supervisor who was directly responsible to the Assistant Medical Director of the hospital, Dr. Harry D. Clough. The supervisor was to insure the smooth running of the clinic so that no patient would leave without seeing a physician and receiving treatment or advice. He was to visit each clinic daily to see if there were enough doctors and if not, to make replacements or adjustments; to see patients sent to him by the Admitting Office for medical decision or who were acutely ill or came late; to review the records of the various clinics and report to the O.P.D. committee, to assist the internes in their work in the O.P.D.; to meet and discuss O.P.D. matters with other departments of the hospital.

Dr. W. S. Muir most ably and tactfully carried out these duties; he was the supervisor through the difficult years of the depression when the O.P.D. was taxed to the utmost. It is fitting to give here thanks to many members of the hospital Staff who voluntarily gave time to work in the O.P.D. The physicians of the O.P.D. staff worked hard and long in their effort to care for the crowd of patients who came for help. The O.P.D. general committee held meetings, usually every week, and all matters of transfer from one clinic to another, of laboratory examinations, of substitutions in case of absence from town, and of consultation with a senior physician were more carefully organized.

In a history of her service as head of the Social Service Department of the hospital from 1922-1935, Miss Elizabeth Lowry stated, in substance, these conclusions as to the O.P.D.: "Outpatient service is important to the resident staff, for here the physician has a chance to treat the same kind of diseases he finds in his office and which make up the bulk of his practice." The hospital may be proud of the medical service given to the patients in our O.P.D. Our medical staff, more than 60 strong, give patiently, untiringly, conscientiously, the best service they have to give. No private patient receives more thorough examinations with all the facilities available from the laboratory, the X-ray and Physiotherapy Departments. Work in the O.P.D. rounds out the training of the nurses and the internes; it makes possible continuity of study of ward patients through their convalescing, so that the end results of work in the wards is known; it adds materially to the admission of patients to the wards; otherwise, this would be limited to patients entering through the emergency department or sent in by physicians; most of all the hospital gives in its O.P.D. service its share of the great preventive and public health work, of untold value in money, which helps to make for this city its enviable reputation for the good health of its citizens.

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POST WORD

In the first issue of THE HOSPITAL REVIEW, *the Editor writes: "We find that we cannot accomplish all that we desire." The history of the first* CENTURY OF SERVICE *of the Rochester General Hospital is something to be proud of, for the community has received the best which knowledge, effort, desire and determination could provide with the resources available. But every year brings new discoveries in science, care, and administration and what has sufficed in the past is not enough for the future. That which has been is the solid foundation upon which to build that which shall be. Rochester deserves even better service in the century that lies ahead and the Hospital bespeaks the cooperation of every citizen in making that possible. Let us make true the words of the Editor of 1847, "Truly this is a progressive era."*

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ADDENDA

Chronology

Presidents of the Board of Directors

Presidents of the
Women's Auxiliary Board

Superintendents

Medical Directors

Heads of School of Nursing

Bibliography

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CHRONOLOGY

1847 Incorporation May 7.

1851 Common Council conveys cemetery lot.

1855 Common Council appropriates Alms House Fund.

1857 Title secured by act of state legislature.

1859 Building is begun.

1862 Main building is finished.

1863 Female Charitable Society takes over management of all but Medical Department.

1864 Hospital is opened January 29, first patient February 1.
Soldiers begin to come in June 7.
Hospital Review is begun.

1865 East Wing is completed.

1866 First Thanksgiving party at the hospital.

1871 West Wing is built.

1875 Superintendent is dismissed because of lack of funds, the Board of Managers taking over.

1877 Fund for Children's Cot is started.

1880 Training school is founded; two-year course.

1881 Mechanics Institute gives cooking course.

1882 Nurses' Diet Kitchen started.

1883 First Commencement.
Contagious pavilions built.

1884 Children's Cot Fund is completed.

1885 Children's Pavilion opened.

1886 Elevator is installed.

1887 Twigs are started by formation of the Parent Stem.

1888 Gift of Mrs. Jewell for Out-Patient Department.

1889 Laundry is erected.

1890 Whitbeck Surgical Pavilion begun.
Electric lighting introduced.

1891 Addition to the Out-Patient Department.
Trained Nurses' Association is formed with directory.

1896 Dr. H. T. Williams gives ambulance.
Telephone, ten outlets.

1897 First X-ray apparatus.

1898 Mr. James C. Hart's gift for Nurses' Home.
Thirteen Spanish War service men cared for.

1899 Opening of the Hart Memorial for graduation.
Training course is changed to three years.
Julia Hills Mumford library is started.

1900 First appearance of *American Journal of Nursing.*

1901 First laboratory is opened.

1902 Donation is omitted because of smallpox epidemic.

1903 Armstrong Registration Bill signed May 7.
New boiler house.

1904 First Twig luncheon in the Nurses' Home.

1907 Opening of Hart Memorial Building.

1909 Mr. Eastman's gift of $500,000.
Social Service is started.

1910 Name of hospital changed to Rochester General Hospital November 14 (to take effect January 1, 1911).
First auto ambulance is given by Mrs. W. Whitney.

1910 O.P.D. moved to remodeled Children's Pavilion.

1912 Nurses' Central Directory is opened.
Branch of Rochester Public Library is started.

1913 Eastman Buildings are completed and put into use.

1914 Opening of Medical Annex for communicable diseases.

1916 Ely Library is started.
Base Hospital No. 19.
Dr. Fitch's Hospital at Yvetot and later at St. Valerie-en-Caux and Evreux.

1918 42 members of the Staff, 60 nurses are in service.
Flu epidemic.
Aides organization started.
Joint hospital probationary course.
War Chest takes over and the Donation is omitted.

1919 Nurses' Club House, 37 South Goodman Street.

1920 Medical Board is organized.
Eight-hour schedule for entire school body.
Weekly teas in Nurses' Home given by Board of Managers.
Plan of affiliation with Public Health Nursing.

1921 First allied hospital commencement.
Alumnae *Messenger* is begun.

1922 Joint hospital campaign based on survey made by Dr. Goldwater.

1923 Enlargement of Administration Building and Nurses' Home and the New South Wing is completed.

1930 New O.P.D. opened.

1935 *News Letter* is begun.

1938 Health Department started.
Paging system is installed.
Solutions room is opened.

1942 19th General Hospital mobilized.

1943 *Hospital Life* is begun.

1947 Centennial Celebration.

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Presidents of the Board of Directors

JOHN B. ELWOOD 1847-1864
GEORGE H. MUMFORD 1865-1871
AARON ERICKSON 1872-1880
DANIEL W. POWERS 1880-1894
WILLIAM S. KIMBALL 1894-1895
RUFUS A. SIBLEY 1895-1896
SAMUEL WILDER 1897-1900
HENRY G. DANFORTH 1900-1917
JOHN CRAIG POWERS 1918-1919
EDWIN A. STEBBINS 1919-1922
EDWARD HARRIS 1923-1925
C. SCHUYLER DAVIS 1926-1927
MORTIMER R. ANSTICE 1927-1929
THEODORE C. BRIGGS 1930-1931
EZRA A. HALE 1932-1934
GEORGE H. HAWKS 1935-1937
RICHARD M. HARRIS 1938-1939
FRANK J. LITTLE 1939-1942
THOMAS R. WHITE 1942-1944
ELLIOTT W. GUMAER 1944-1947

Presidents of the Women's Auxiliary Board

Mrs. Maltby Strong 1864-1889
Mrs. William H. Perkins 1889-1893
Miss A. S. Mumford 1893-1899
Mrs. Arthur Robinson 1900-1918
Mrs. Ralph R. Fitch 1918-1920
Mrs. Jacob L. Garson 1921-1924
Mrs. Edward Webster 1925-1926
Miss Janet Everest 1926-1927
Mrs. Robert Ranlet 1928-1931
Mrs. Charles H. Babcock 1932-1934
Mrs. DeWitt B. Macomber 1935-1937
Mrs. John M. Ward 1938-1940
Mrs. J. Francis Weller 1941-1943
Mrs. Douglas C. Townson 1944-1945
Mrs. Edward D. Mulligan 1946-

Superintendents of the Hospital

Mr. John M. Sly 1864-1865
Capt. E. G. Williams 1866-1867
Mr. William VanZandt 1867-1868
Dr. Jonas Jones 1868-1871
Mr. George Breck 1871-1875
Duties of Superintendent divided between Board of Lady Managers, Matron and Superintendent of Nurses 1875-1893
Miss Helen L. Gamwell 1893-1894
Miss A. L. McGachen 1894-1894
Miss A. F. Frink 1894-1895
Miss M. I. Cartwright 1895-1895
Miss Esther Dart 1895-1896
Miss Sophia F. Palmer 1896-1901
Miss Mary L. Keith 1901-1923

Medical Directors

Dr. Christopher G. Parnall ... 1924-1945
Dr. Frank C. Sutton 1946-

Heads of School of Nursing

Miss Aurora Smith, Head Nurse
1880-1883

Miss L. A. Markham, Supervising Nurse
1883-1887

Miss E. C. Jones, Supervising Nurse
1887-1887

Miss Susan M. Lawrence, Superintendent of Nurses
1887-1890

Miss Helen L. Gamwell, Superintendent of Nurses
1890-1894

Miss A. L. McGachen, Superintendent of Nurses
1894-1894

Miss A. F. Frink, Superintendent of Nurses
1894-1895

Miss M. I. Cartwright, Superintendent of Nurses
1895-1895

Miss Esther Dart, Superintendent of Nurses
1895-1896

Miss Sophia F. Palmer, Superintendent of Hospital and School
1896-1901

Miss Lucretia Smart, Assistant Superintendent of Hospital and School
1898-1901

Miss Mary L. Keith, Superintendent of Hospital and School
1901-1924

Miss Emma J. Jones, Assistant Superintendent of Hospital and School
1901-1924

Miss Eunice A. Smith, Superintendent of Nurses
1913-1924

Miss Alice Shepard Gilman, Acting Superintendent of Nurses
1924-1924

Miss Gertrude Delaney, Acting Superintendent of Nurses
1924-1924

Miss Georgia A. Morrison, Superintendent of Nurses
1924-1929

Miss Grace Breadon, Superintendent of Nurses
1929-1938

Miss Mary A. Anderson, Director of School of Nursing
1938-1939

Miss Elma J. Hussey, Director of Nursing Service
1939-1941

Miss Caroline Keller, Director of Nursing
1941-1947

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